

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30 025 07624
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	SOUTH Hobbs (GSA) UNIT
8. Well No.	13
9. Pool name or Wildcat	Hobbs Grayburg SAN Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3628' DF

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER <u>Injector</u>	2. Name of Operator <u>Amoco Production Company</u>
3. Address of Operator <u>P.O. Box 3092 Houston, TX 77253</u>	4. Well Location Unit Letter <u>C</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3628' DF</u>	

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data:
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒	ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐	OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

MI RUSU 4-1-89 ATTEMPT TO LOCATE CASING LEAK due to PRS between 6 5/8" and 10 3/4" CSG strings. Found no communication from either string. Ran Cement Bond Log from 3970' To surface. LOCATE CMT ABOVE AND BELOW possible casing leaks and could not Feasibly Repair. Notified NMOLD and OK'd no Repair if pressure monitored quarterly. ACIDIZE perts 4058' - 4173 w/200 GAL 20% HCL (w/e) using PPI PKR @ 4' spacing and 40 gal per foot FLUSH RD SU 4-4-89

BWO: 1520 BWIPD at 0 PSI

AWO: 1900 BWIPD at 0 PSI

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE B. T. Steele TITLE Admin. Analyst DATE 5-30-89
TYPE OR PRINT NAME Blake T. Steele TELEPHONE NO. 713-584-7322

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

JUN 2 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: