

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-1212	

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER injection		7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY		8. Farm or Lease Name South Hobbs (GSA) Unit
3. Address of Operator P. O. Box 68, Hobbs, NM 88240		9. Well No. 50
4. Location of Well UNIT LETTER M 990 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E N.M.P.M.		10. Field and Pool, or Wildcat Hobbs GSA
11. Elevation (Show whether DF, RT, GR, etc.) 3628' DF		12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER acid stimulate <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Propose to acid stimulate to increase injection and reduce pressure as follows:
Acidize down tubing with 7500 gals 15% NE HCL acid containing 1 gal WA211/1000 gal acid and 2 gals WA 212/1000 gals acid. Commence injection.

O+5-NMOCD,H 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-GCC

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

SIGNED Gary C. Clark TITLE Assist. Admin. Analyst DATE 3-16-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____ DATE MAR 20 1984

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 19 1984

O.C.D.
HOBBS OFFICE