

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

54. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

A-1646

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- <u>Injection</u>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name <u>South Hobbs (GSA) Unit</u>
3. Address of Operator P. O. BOX 68 HOBBS, NEW MEXICO 88240	9. Well No. <u>113</u>
4. Location of Well UNIT LETTER <u>G</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>19S</u> RANGE <u>38E</u> NMPM.	10. Field and Pool, or Wildcat <u>Hobbs GSA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3625' GL</u>	12. County <u>Lea</u>

10. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

PLUG AND ABANDON

REMEDIAL WORK

ALTERING CASING

TEMPORARILY ABANDON

COMMENCE DRILLING OPNS.

PLUG AND ABANDONMENT

PULL OR ALTER CASING

CHANGE PLANS

CASING TEST AND CEMENT JOBS

OTHER

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:

MISU and POH w/ injection equipment. RIH w/ cement retainer and set at 2942'. Squeeze w/ 75 SX class C neat, 150 SX class C with 4" SX Tuff Plug, tail in 50 SX class C neat. WOC. Drillout to 4100' and pressure test. Perforate 4010'-4087'. RIH w/ PPI packer and acidize in 4' intervals w/ 200 gals 15% NE HCL per interval. Flush with 30 Bbls clean water and POH. Re-run injection equipment and set packer at 3910'. Pressure test and return well to injection.

0+5 NMOC-D-1-JRB 1-FJN 1-CMH 1-Shell 1-Arco 1-Sun

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

SIGNED Charles M. Dering

TITLE ADMINISTRATIVE ANALYST (SG)

DATE 1/3/86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE **JAN 7 - 1986**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JAN 6 - 1986
O.C.C.
HOBBS OFFICE