

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	

5a. 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.)

OIL WELL GAS WELL OTHER - **Injection**

Name of Operator
Amoco Production Company

Address of Operator
P. O. Box 68 Hobbs, NM 88240

Location of Well
UNIT LETTER **G** **1650** FEET FROM THE **North** LINE AND **1650** FEET FROM
THE **East** LINE, SECTION **6** TOWNSHIP **19-S** RANGE **38-E** N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
South Hobbs (GSA) Unit

9. Well No.
113

10. Field and Pool, or Wildcat
Hobbs GSA

12. County
Lea

15. Elevation (Show whether DF, RT, GR, etc.)
3625' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

Convert to Injection

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.

Moved in service unit 4-21-81. Tagged TD at 4042 and pulled tubing. Perforated at 3400 w/4 JSPF. Packer set at 3450'. Ran a retrievable bridge plug and set at 3960'. Drilled cement to 3435'. Ran packer and set at 3444'. Spotted 300 gallons acid across perfs. Pulled tubing and packer and ran tubing and set retainer at 3285'. Spotted 70 sacks Class C cement. Drilled cement to 4138' and circulate clean. Perforate 4028'-40' and 4060'-4100 w/2 SPF. Packer set at 3002'. Acidize with 6000 gallons MUSOL acid with additives. Packer set at 3850'. Well turned over to injection.

0+4-NMOCD, H 1-Hou 1-Susp 1-GPM

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

SIGNED *Greg Mitchell* TITLE Admin. Analyst DATE 6-29-81

APPROVED BY *[Signature]* TITLE _____ DATE JUL 1 1981

CONDITIONS OF APPROVAL, IF ANY: