Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO.
30-025-07642

5. Indicate Type of Lease STATE ___ FEE XX

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
South Hobbs (GSA) Unit

1. Type of Well:
OIL WELL ___ GAS WELL ___ OTHER Injection

2. Name of Operator
Amoco Production Company

8. Well No.
115

3. Address of Operator
P. O. Box 3092, Houston, TX 77253-3092 (Rm 17.182)

9. Pool name or Wildcat
Hobbs Grayburg-San Andres

4. Well Location
Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East Line

Section 6 Township 19S Range 38E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3631 DF

11. 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 ___	CHANGE PLANS ___	COMMENCE DRILLING OPNS. ___	PLUG AND ABANDONMENT ___
PULL OR ALTER CASING ___		CASING TEST AND CEMENT JOB ___	
OTHER: ___	___	OTHER: Workover/Acidize	XX

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.

12/3/92 RIG UP PMP TRUCK X ACD X 4000 GAL 20% X 200 GAL ASOL G-15 X 8 GAL WA-211 X 8 GAL WA-212 X FLUSH X MAX TRTP 1900 X AVG TRTP 1600 X AIR 4.6 BPM X ISIP VAC X SHUT IN X 1 HR X RETURN TO INJECTION 12/3/92.

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

SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 12-29-92

TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. 713/596-7686

(This space for State Use)

APPROVED BY ___ TITLE ___ DATE JAN - 6 1993

CONDITIONS OF APPROVAL, IF ANY: