STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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 ☐ Fee ☒

5. 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.)

1. OIL WELL ☐ GAS WELL ☐ 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, NEW MEXICO 88240

9. Well No.
115

4. Location of Well
UNIT LETTER I, 2310 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3631' KB

12. County
Lea

16.

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 JOB ☐	
OTHER ☐		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 3950'. Squeeze w/ 50 sx of class C Neat, 100 sx of class C with 4#/sx Tuff-Plug, tail-in 50 sx class C Neat. WOC. Drill out to 4100'. Perforate 4058'-4068', 4012-4050', 4074-4082'. RIH w/ PPI packer and acidize in 2' intervals w/ 200 gals of 15% NE HCL per interval. Flush w/ 30 BBls clean water and POH. Re-run injection equipment and set packer at ± 3912'. Pressure test and return well to injection.

O+5 NMOCD-A 1-JRB 1-FJN 1-CMH F-Shell F-Arco F-Sun

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

SIGNED Gail M. Jefferson TITLE ADMINISTRATIVE ANALYST (SG) DATE 1/3/86

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE JAN 7 - 1986

CONDITIONS OF APPROVAL, IF ANY: