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 [X] Fee [ ]

5. State Oil & Gas Lease No.: 376

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 [X] GAS WELL [ ] OTHER-

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.: 9

4. Location of Well: UNIT LETTER C, 330 FEET FROM THE North LINE AND 2310 FEET FROM THE West 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.): 3642' DF

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 [X]	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 run a liner for production string repair. Pull tubing, rods, & pump. Run 3802', 5-1/2", 17# casing from top of 5", 15# liner to surface. Tie back equipment to be determined by field personnel. Run a retrievable bridge plug & set at 3820' in 5", 15# liner. Cap w/2 sacks of sand prior of casing. Set casing at 3802' w/appropriate float equipment 1 joint off bottom. Cement casing string w/200 sacks of Class C cement. Clean out excess cement & fill on top of tie back. Wash out sand & pull retrievable bridge plug. Return well to production.

THE COMMISSION MUST BE NOTIFIED
24 HOURS PRIOR TO COMMENCING WORK

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

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

SIGNED Cathy L. Forman TITLE Assist. Admin. Analyst DATE 10-21-81

Orig. Signed by
Les Clements
APPROVED BY Oil & Gas Insp. TITLE DATE OCT 26 1981

CONDITIONS OF APPROVAL, IF ANY: