

NEW MEXICO OIL CONSERVATION COMMISSION

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

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 RE-DRILL WELLS IN A DIFFERENT RESERVOIR.
 USE APPLICATIONS FOR PERMITS - (FORM C-101, FOR OTHER PROPOSALS.)

1. OIL WELL GAS WELL OTHER- **Water Injection**
 2. Name of Operator
Amoco Production Company
 3. Address of Operator
P. O. Box 68, Hobbs, NM 88240
 4. Location of Well
 UNIT LETTER **K** **2310** FEET FROM THE **south** LINE AND **2310** FEET FROM
 THE **West** LINE, SECTION **9** TOWNSHIP **19-S** RANGE **38-E** N.M.P.M.

7. Unit Agreement Name
South Hobbs (GSA) Unit
 8. Name of Lease Name
South Hobbs (GSA) Unit
 9. Well No.
82
 10. Field and Pool, or Wildcat
Hobbs GSA
 12. County
Lea

15. Elevation (Show whether DF, RT, GR, etc.)
3612 RDB

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 increase injection by exposing additional pay in San Andres Zone I, II and Upper Zone III. The pay will be acidized with approximately 4000 gallons of 15% NE HCL in 3 stages using graded rock salt as a blocking material. A Gamma-trol survey will be ran to assure all pay is treated. Well will be evaluated and returned to injection.

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

APPROVED BY *Ray Cox* TITLE Administrative Supervisor DATE 6-23-79
James Hester TITLE SUPERVISOR DISTRICT I DATE JUN 22 1979

CONDITIONS OF APPROVAL, IF ANY:
 0-4 - NMOSD, II: 1 - Supt: 1 - Houston: 1 - CC

