

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 10-1-78

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection   | 7. Unit Agreement Name                          |
| 2. Name of Operator<br>Amoco Production Company   | 8. Farm or Lease Name<br>South Hobbs (GSA) Unit |
| 3. Address of Operator<br>P. O. Box 68 Hobbs, NM 88240  | 9. Well No.<br>71                               |
| 4. Location of Well<br>UNIT LETTER E 1650 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 19-S RANGE 38-E N.M.P.M. | 10. Field and Pool, or WHdcat<br>Hobbs GSA      |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>3606' RDB  | 12. County<br>Lea                               |

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

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:                               |   |
|--|---|---|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" 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 JOB <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.

Ran base log. Pump dummy stage of 25 bbl. saturated radioactive tagged brine water and flush with 20 bbl. saturated brine. Ran CR and temperature log. Acidized down tubing below packer at 3940' with 1600# graded rock salt in 1400 gallons 30# gelled brine followed by 8000 gallons 15% NE acid in 3 stages. Flushed each stage with 20 bbl. brine water. Returned well to injection. Injecting at rate of 2500 BWPD with well on vacuum.

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

SIGNED Mary K. Estes TITLE Assist. Admin. Analyst DATE 9-16-80

APPROVED BY Jerry Sexton TITLE Dist. Mgr. DATE

CONDITIONS OF APPROVAL, IF ANY:  
0+4-NMOC, H 1-Hou 1-Susp 1-MKE