

NEW MEXICO OIL CONSERVATION COMMISSION

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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 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

2. Name of Operator  
AMOCO PRODUCTION COMPANY

3. Address of Operator  
BOX 367, ANDREWS, TEXAS 79714

4. Location of Well  
UNIT LETTER G 1650 FEET FROM THE NORTH LINE AND 2310 FEET FROM  
THE EAST LINE, SECTION 15 TOWNSHIP 19-S RANGE 38-E NMPM.

7. Unit Agreement Name  
SOUTH HOBBS (GSA) UNIT

8. Farm or Lease Name  
SOUTH HOBBS (GSA) UNIT

9. Well No.  
107

10. Field and Pool, or Wildcat  
HOBBS-GSA

11. Elevation (Show whether DF, RT, GR, etc.)  
3598 GL

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 <input 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>CONVERT TO INJECTION</u> <input checked="" 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 cement bond log.  
Cleaned out from 4170-4180 (PBD+TD)  
Ran plastic coated tubing and packer. PSA 3948.  
Loaded annulus w/ 50 BW + 10 gal well laid 840 + 1 gal  
well laid 872.  
Installed pressure gauge on log-tbg annulus.  
Well completed and ready for injection 1-21-76.*

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

SIGNED [Signature] TITLE ADMINISTRATIVE ASSISTANT DATE 1-26-76

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:  
0+2-NMOC-11  
1-22-76