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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

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.  
(SEE APPLICATION FOR PERMIT - FORM C-1011 FOR SUCH PROPOSALS.)

1. OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER- <b>Injection Well</b>	7. Unit Agreement Name <b>South Hobbs (GSA) Unit</b>
2. Name of Operator <b>Amoco Production Company</b>	8. Farm or Lease Name <b>South Hobbs (GSA) Unit</b>
3. Address of Operator <b>P. O. Box 68, Hobbs, NM 88240</b>	9. Well No. <b>110</b>
4. Location of Well UNIT LETTER <b>I</b> <b>2310</b> FEET FROM THE <b>South</b> LINE AND <b>990</b> FEET FROM <b>East</b> LINE, SECTION <b>15</b> TOWNSHIP <b>19-S</b> RANGE <b>38-E</b> RANGE THE <b>East</b> LINE, SECTION <b>15</b> TOWNSHIP <b>19-S</b> RANGE <b>38-E</b> RANGE	10. Field and Pool, or Wildcat <b>Hobbs GSA</b>
11. Elevation (Show whether DF, RT, GR, etc.) <b>3604 DF</b>	12. County <b>Lea</b>

## 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 JOB <input type="checkbox"/>	

13. Description of Proposed or Complete 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 cleaning out fill from open hole and acidizing with approximately 1000 gallons 15% HCL. After evaluating, well will be returned to injection.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 6-28-79

APPROVED BY Jerry Sexton TITLE Dist 1, Supv. DATE JUN 28 1979

CONDITIONS OF APPROVAL, IF ANY:

0+4 - NMOCD 1 - Susp 1 - Hou 1 - CC