

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30 025 07699

5. Indicate Type of Lease

STATE

FEE

6. 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.)

7. Lease Name or Unit Agreement Name

SOUTH Hobbs (GSA) UNIT

1. Type of Well:

OIL
WELL

GAS
WELL

OTHER

2. Name of Operator

Amoco Production Company

8. Well No.

109

3. Address of Operator

P.O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat

Hobbs Grayburg San Andres

4. Well Location

Unit Letter J : 2310 Feet From The South Line and 2310 Feet From The EAST Line

Section 15 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3594 DF

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

PLUG AND ABANDON

REMEDIAL WORK

ALTERING CASING

TEMPORARILY ABANDON

CHANGE PLANS

COMMENCE DRILLING OPNS.

PLUG AND ABANDONMENT

PULL OR ALTER CASING

CASING TEST AND CEMENT JOB

OTHER:

OTHER:

12. 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.

MI RUSU 5-20-89 PDM PROD. EQUIP. RAN 4-3/4" BIT AND 2 3/8 TBG
W/S.S casing Scraper. RAN 5 1/2 Guiberson UNIV V PKR. PSA 3944 FT
PMP 2500 GALS 20% NE HCL Acid AND Additives. Flush w/ 21 BW. REL
PKR AND PDM 2 3/8 TBG AND 5 1/2 Packer. 141 BLW TO RECOVER. TIT W/Prod
EQUIP. Load AND TST 500 PSI

RD SU 5-21-89

BWO : 4 BOPD 30 BWPD

AWO : 2 BOPD 69 BWPD

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

SIGNATURE Blake T. Steele

TITLE Admin Analyst

DATE 7-26-89

TYPE OR PRINT NAME Blake T. STEELE

TELEPHONE NO. 713-584-7322

(This space for State Use) ORIGINAL SIGNED BY JERRY SEATON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 1 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 31 1979

OCB
HONOR SERVICE