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

5a. Indicate Type of Lease  
State  For

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL  GAS WELL  OTHER- **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 **A**, **330** FEET FROM THE **North** LINE AND **330** FEET FROM  
THE **East** LINE, SECTION **16** TOWNSHIP **19-S** RANGE **38-E** N.M.P.M.

7. Unit Agreement Name  
**South Hobbs (GSA) Unit**

8. Farm or Lease Name  
**South Hobbs (GSA) Unit**

9. Well No.  
**98**

10. Fluid and Pool, or Wildcat  
**Hobbs GSA**

15. Elevation (Show whether DF, RT, GR, etc.)  
**3614 DF**

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 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 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.

Moved in and rigged up service unit 7-27-79. Cleaned out hole from 4130 to 4155. Deepened hole to 4260. Pay was then acidized with 5000 gallons 15% NE acid in three stages. Four hundred pounds of rock salt was used as a block. A Gamma Ray and temperature survey was run after each stage. After evaluation, well was returned to injection.

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

SIGNED *John Runyan* TITLE Asst. Admin. Analyst DATE 8-9-79

APPROVED BY *[Signature]* TITLE \_\_\_\_\_ DATE AUG 10 1979

Orig. Signed by  
**John Runyan**  
Geologist

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOCD,H; 1-CC; 1-Hou; 1 - Susp