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| OPERATOR | |

3a. Indicate Type of Lease
State Fee
3. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER- Water Injection

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P.O. Box 4072, Odessa, Texas 79760

4. Location of Well
UNIT LETTER L 1980 FEET FROM THE South LINE AND 330 FEET FROM
THE West LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-E N.M.P.M.

7. Unit Agreement Name

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

9. Well No.
42

10. Field 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 OPER. <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.

MI and RUSU 3-29-88 to acidize well to increase injectivity. Pull injection packer and tubing. Run bit and workstring and clean out fill to 4224'. Run packer and set at 3875' and acidize from 3986' to 4214' with 5175 gallons of 20% NE HCl. Run injection packer and tubing and displace hole with packer fluid. Set packer at 3893' and test casing and packer to 550 psi for 30 minutes and test ok. RD and MOSU 4-6-88 and return well to injection.

IPWO: 1014 BWIPD at 735 psi
IAWO: 1610 BWIPD at 0 psi

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

Signed O. M. MITCHELL TITLE Sr. Admin. Analyst DATE 4-21-88

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE _____ DATE APR 25 1988

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
APR 22 1988
DCO
HOBBY OFFICE