

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

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

WELL API NO.
30-025-12724

Indicate Type of Lease
STATE FEE

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 Water Injection

2. Name of Operator
Amoco Production Company

3. Address of Operator
P.O. Box 3092 Houston, Tx 77253

4. Well Location
Unit Letter J : 1650 Feet From The South Line and 2310 Feet From The EAST Line
Section 10 Township 19-S Range 38-E NMPM LEA County

8. Well No. 88

9. Pool name or Wildcat
Hobbs Grayburg SAN Andres

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

11. 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 OF NS: <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: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 8-31-89 POH with Production Equipment. Acidize gross pay interval 4174' to 4208' with 1000 gals 15% HCL mixed w/100 gal A-Sol G-15 using PPI Packer @ 2' spacing. Return to injection and run injection profile survey to check conformance

RD SU 9-5-89

BWO : 175 BWIPD @ 290 PSI

AWO : 450 BWIPD @ 290 PSI

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 9-21-89

TYPE OR PRINT NAME BLAKE T. STEELE TELEPHONE NO. 713-584-732

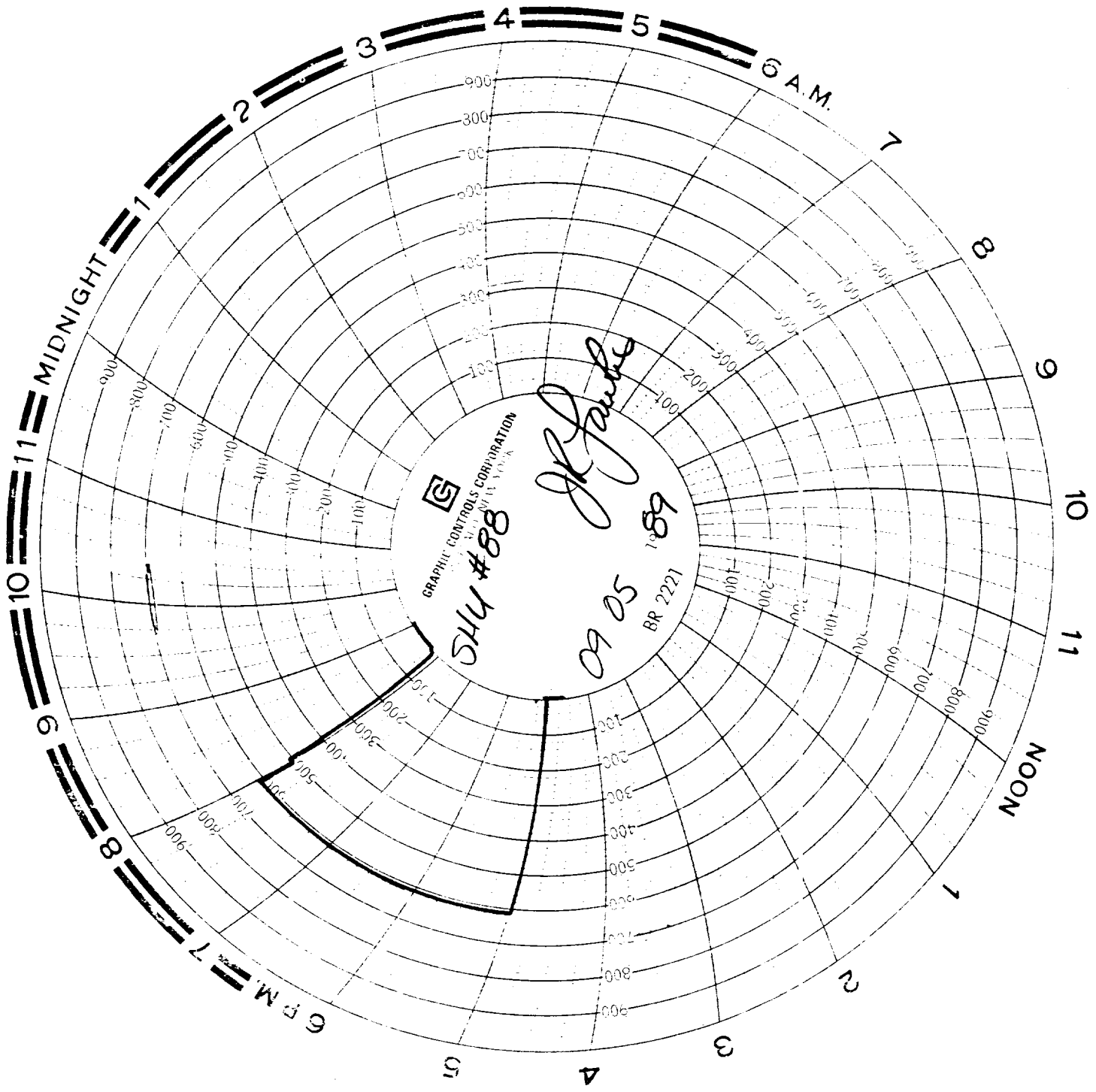
(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 26 1989



GRAPHIC CONTROLS CORPORATION
NEW YORK, N.Y.

SH4 #88

09 05 1989
BR 2221

J. J. J.

