

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.
30-025-20113 ✓

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

8. Well No. 79

2. Name of Operator
Amoco Production Company

9. Pool name or Wildcat
Hobbs Grayburg San Andres

3. Address of Operator
P.O. Box 3092 Houston, Tx 77253 (Room 17.180)

4. Well Location
Unit Letter H : 990 Feet From The E Line and 1980 Feet From The N Line

Section 10 Township 19S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3609' RDB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING OTHER:
SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB 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.

- 1. MI. RUSU. Notify NMOCD w/in 24 hours before job.
- 2. POH x RxPmpxBtg.
- 3. Load hole x 9.5# mud brine.
- 4. RIH x CIBP. SA 3800'. Cap x 35' cmt.
- 5. Spot 100'cmt plug 2650'-2550'. B7QY
- 6. Perf 50' below shoe x 404' x 100' cmt inside/outside casing
- 7. Cap x 10 sxs cmt at surface.
- 8. Install PxA marker/cut off wellhead.

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

SIGNATURE Matthew C. Wines TITLE Business Analyst DATE 4/6/93
TYPE OR PRINT NAME Matthew C. Wines TELEPHONE NO. (713) 556-3744

(This space for State Use)
ORIGINAL RETURNED BY STATE DEPARTMENT

APR 12 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: