

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- 22006

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 Water Injector

8. Well No. 97

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

4. Well Location  
Unit Letter P : 990 Feet From The South Line and 990 Feet From The East Line

Section 10 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)  
3598' RBD

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   
OTHER:  CASING TEST AND CEMENT JOB   
OTHER: Acidize

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.

RUSU 6/18/91

Acidized intervals 4116 - 4250 w/4000 gal 15% NE HCL & 1000 lbs rock salt in 3 stages.  
Pressure tested casing - OK (refer to attached chart).

RDSU 6/21/91

Returned to injection

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 7/2/91

TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 713/ 596-7686

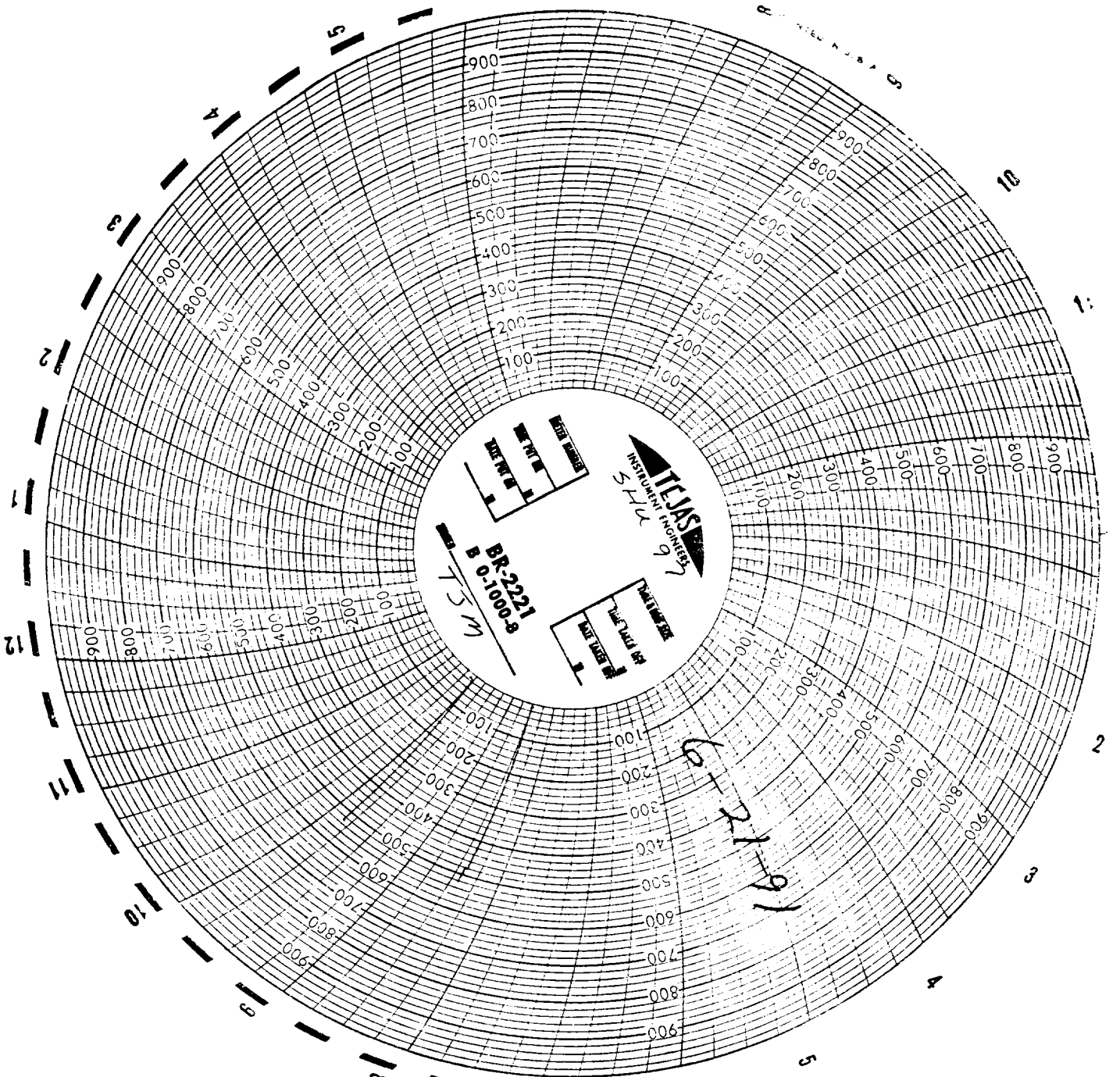
(This space for State Use)

ORIGINAL FILED BY JERRY LEXTON  
BUREAU OF OIL CONSERVATION

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

9 DAY →



← 6 NIGHT