

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.
30-025-27628

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 INJECTION

8. Well No. 182

2. Name of Operator
Amoco Production Company

9. Pool name or Wildcat
Hobbs (GSA)

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

4. Well Location
Unit Letter F : 1785 Feet From The North Line and 1810 Feet From The West Line

Section 5 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)
3621' GL

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 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Plug Back <input checked="" 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.

Propose To: Plug Back To 4180' To Re-distribute INJECTION INTO ZONES II-III
RUSH AND Pull INJECTION EQUIP. RIM AND check FOR Fill AND PBTD. Plug Back w/class C cmt TO 4180' WOC AND RIM TO check PBTD. RIM w/INS EQUIP Return well to INJECTION at PSI 30 AND RATE 1800 BWIPD. When STABILIZE, Run Inj Profile Survey

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

SIGNATURE B. T. Steele TITLE Admin. Analyst DATE 2-9-89
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

FEB 13 1989

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

1989-01-13

RECEIVED

OFFICE OF THE
GOVERNMENT

FEB 13 1989

OCD
HONS