

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 97501

Form C-103
Revised 10-1

5a. Indicate Type of Lease
State Fee
5. 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.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P.O. BOX 68, HOBBS, NEW MEXICO 88240

4. Location of well
UNIT LETTER G 1383 FEET FROM THE North LINE AND 2498 FEET FROM THE East 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) Min

9. Well No.
131

10. Field and Pool, or Wildcat
Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3617.3' GL

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" 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 OPHS. <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.

Propose to perform the following work to reduce water production:

- 1. Move in service unit and pull out of hole with rods, pump, and tubing.*
- 2. Run in hole with Cast iron bridge plug and set at 4212'. Cap Cast iron bridge plug with 5' Cal Seal.*
- 3. Re-run tubing, rods, and pump.*
- 4. Move out service unit and install pumping equipment Place well back on production.*

0+5: NMOCD-HOBBS; 1-J.R.BARNETT HOU RM. 21.156; 1-E.J.NASH HOU RM. 4.206; 1-BAO

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

SIGNED Beverly A. Otwell TITLE SR. ADMINISTRATIVE ANALYST DATE 4-2-86

ORIGINAL SIGNED BY JERRY TEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 3 - 1986

CONDITIONS OF APPROVAL, IF ANY: