

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

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

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

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

WELL API NO. 30-025-28343
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SOUTH HOBBS (GSA) UNIT
8. Well No. 140
9. Pool name or Wildcat HOBBS GRAYBURG-SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3605' GL

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. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator AMOCO PRODUCTION COMPANY (RM 17.141)
3. Address of operator P.O. BOX 4891, HOUSTON, TX 77210-4891	4. Well Location Unit Letter L : 1485 Feet From The SOUTH Line and 1245 Feet From The WEST Line Section 4 Township 19-S Range 38-E NMPM Lea, NM County
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: ACIDIZE ☐

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. MIRUSU. KILL WELL W/ BRINE & 2 GPT WA-212
2. POH W/ PRODUCTION TBG X EQUIP. HOT SHOT PUMP TO MIDLAND FOR INSPECTION AND PARTS REPLACEMENT.
3. RIH W/ BIT & SCRAPER AND TAG FILL. CO FILL W/ BAILER IF FILL >20 ft.
4. RIH W/ PPI (UNIPOINT) AND IPC WORKSTRING. ACIDIZE ON 5 FT SPACINGS (50 GALS/FT).

4228-4220, 4216-4212, 4208-4198, 4194-4187, 4179-4162,
4157-4155, 4142-4140, 4138-4135, 4133-4131, 4122-4114

PUMP 3150 GALS OFF 20% HCl ACID CONTAINING S3000X (95 GALS), W 54 (32 GALS)
AND A-179 (16 LBS)

5. PULL VALVE, SWAB TO RECOVER 125% LOAD FLUIDS. SWAB NO MORE THAN 4 HRS.
6. POH x PKR x RIH x ESP EQUIP x RETURN TO PRODUCTION

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

SIGNATURE Devina M. Prince TITLE STAFF ASSISTANT DATE 05-08-95
TYPE OR PRINT NAME DEVINA M. PRINCE TELEPHONE NO. (713) 366-7686

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOT
Certified

RECEIVED

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OFFICE