

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

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO.	30-025-28352
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-1212-1
7. Lease Name or Unit Agreement Name	South Hobbs (GSA) Unit
8. Well No.	149
9. Pool name or Wildcat	Hobbs Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3607.6' 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 (Room 18.108)
3. Address of operator	P.O. Box 3092, Houston, Texas 77253-3092
4. Well Location	Unit Letter A : 150/23 Feet From The North Line and 380/9 Feet From The East Line Section 9 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:		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 checked="" 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: <input 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.

- MIXRUSU
- POH X PROD EQPT
- RIH X CIBP X SA 4100'. CAP X 50' CMT (CHECK X NMOCD)
- LOAD HOLE X 9.5# MUD BRINE
- TEST TO 500 PSI.
- RDSU.

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 06-13-94

TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY:

JUN 20 1994