

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. 30-025-28972
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER * WI	7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
2. Name of Operator Amoco Production Company	8. Well No. COOP 13
3. Address of Operator P. O. Box 3092, Houston, TX 77253	9. Pool name or Wildcat Hobbs Grayburg - San Andres
4. Well Location SL/BHL Unit Letter B : 505/10 Feet From The North Line and 2560/2630 Feet From The East Line	

Section 3 Township 19S Range 38E NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3609.2 GL
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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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: perf within interval <input checked="" 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.

RUSU 7-31-90
CO to 4368; perf 4315-25, 4340-60 w/4 ISPF; Acidize perfs 4315-25, 4340-60 w/1500 gals 20% HCL using PPI packer @ 2 ft spacing

RDSU 8-3-90
Return to injection

BWD: 941 BPD @ 880 PSI
AWD: 1600 BPD @ 844 PSI

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

SIGNATURE Matthew C. Wines TITLE Administrative Analyst DATE 12-4-90

TYPE OR PRINT NAME Matthew C. Wines TELEPHONE NO. 713/556-3744

(This space for State Use)

APPROVED BY Paul Kautz Geologist TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1990