

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  
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.  
30-025-29054

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
B-2656

**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

8. Well No.  
194

2. Name of Operator  
Amoco Production Company (Rm 17.182)

3. Address of operator  
P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat  
Hobbs Grayburg - San Andres

4. Well Location  
Unit Letter O : 330 Feet From The South Line and 2310 Feet From The East Line  
Section 5 Township 19-S Range 38-E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3613.9 GR

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: _____ <input type="checkbox"/>		OTHER: _____ Acidize <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.

6/4/93 RUSU X POH X ESP X RIH X BIT X SCRAPPER X TAG X 4187' X POH X RIH X PKR X 5000 GAL 20% HCL X 1000# SALT X POH X PKR X RIH X ESP EQPT X TBG X PUMP UP IN 10 MIN X 50 PSI X RET TO PROD 6/8/93.

TEST RESULTS	OIL	WATER	GAS
Pre-workover (6/03/93)	37	725	5.12
Post-workover (6/13/93)	49	900	5.50

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 06-15-93  
TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 596-7686

(This space for State Use)  
**ORIGINAL SIGNED BY JERRY SEXTON**  
APPROVED BY \_\_\_\_\_ DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE JUN 21 1993  
CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

JUN 13 1993

OGD HOBBS  
OFFICE