

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-244

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <i>Injection</i>	7. Unit Agreement Name
2. Name of Operator <i>AMOCO PRODUCTION COMPANY</i>	8. Farm or Lease Name <i>North Hobbs (GSA) Unit</i>
3. Address of Operator <i>P.O. BOX 68, HOBBS, NEW MEXICO 88240</i>	9. Well No. <i>209</i>
4. Location of Well UNIT LETTER <i>D</i> <i>265</i> FEET FROM THE <i>North</i> LINE AND <i>1090</i> FEET FROM THE <i>Street</i> LINE, SECTION <i>8</i> TOWNSHIP <i>19-S</i> RANGE <i>38-E</i> N.M.P.M.	10. Field and Pool, or Wildcat <i>Hobbs GSA</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3609.6' GR</i>	12. County <i>Lea</i>

10. 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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <i>Update on Status</i> <input checked="" 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 103.

Commenced water injection 3-21-86
IAWD: 135 BWPD x TP 180 PSI

0+5 NMOC-D-H 1-JRB HOU RM 21.156 1-FJN HOU RM 4.206 1-ARCO 1-SHELL 1-SUN 1-WF 1-BAO

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

SIGNED *Neverly A. Ottwell* TITLE SR. ADMINISTRATIVE ANALYST DATE *3-24-86*

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: