

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. 30-025-29730
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 1057

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
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1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>

8. Well No. 214

2. Name of Operator Amoco Production Company

9. Pool name or Wildcat Hobbs; Grayburg-San Andres

3. Address of Operator Attn: T G Tullos, M/C 17.166 P O Box 4891, Houston, TX 77210
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4. Well Location Unit Letter <u>E</u> : <u>1720</u> Feet From The <u>North</u> Line and <u>549</u> Feet From The <u>west</u> Line Section <u>4</u> Township <u>19</u> Range <u>38</u> NMPM <u>Lea</u> County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.)
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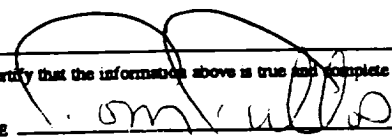
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	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: <u>Acidize</u> <input checked="" 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.

See attached description of procedure

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

SIGNATURE  TITLE Sr. Business Analyst DATE 10/14/96
(7/13)

TYPE OR PRINT NAME Tom G. Tullos TELEPHONE NO. 366-7337

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE OCT 18 1996

CONDITIONS OF APPROVAL, IF ANY:

Procedure

1. MIRUSU. Kill well w/ brine 2 GPT WA-212
2. POH w/ production tbg x equip. Inspect pump visually. Decide at this time whether it is necessary to send to Midland for testing.
3. RIH w/ workstring (tbg maybe used) x bit x scaper. Make scaper run and tag TD. If tag above 4275, than clean out fill and send fill to lab for solids analysis. Contact Engineer with results.
4. RIH w/ PPI tool (8' spacing) and RU treating company (Dowell) and psi test all treating lines.
5. Treat the following intervals w/ 20% NEFE HCL. Maximum treating rate 2.0 BPM, net pressure 1000 psi. Design setting volumes for 50 gals/ft. Bring a minimum of 4500 gals on location.

4073-4082
4089-4092
4108-4119
4132-4152
4159-4165
4175-4204

6. If practical, attempt to swab back 150 bbls load immediately after last setting. Please catch bottle samples of the 10th, 50th, and 100th bbl returned (approx). Send fluid samples to Dowell and obtain data on total iron content and pH.
7. Pump below PPI tool the following casing squeeze:

4 drums SCW839 mixed in 75 bbls fresh water
Overflush w/ 9 gallons WA314 x 1.5 gallons OSW5200 x 380 Bbls produced water
(Pump first 50 bbls at 2 BPM, than finish at 3.0 BPM, Max treating press 600 psi)
9. POH w/ Treating Equipment. RIH X ESP EQUIP X RTP (Insure well has had 12-24 hours from time of scale squeeze to RTP)

THANKS,

DAVE FRENCH