

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

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30 025 297 55
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input 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.)		7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION	8. Well No. 217		
2. Name of Operator Amoco Production Company	9. Pool name or Wildcat Hobbs (GSA)		
3. Address of Operator P.O. 3092 Houston TX 77253	4. Well Location SHBHL Unit Letter G/B : 1407/106 Feet From The North Line and 2203/1572 Feet From The East Line		
Section 4 Township 19-S Range 38-E NMPM LEA County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3615.6 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 checked="" 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: _____ <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.

MI RUSH 3/20/89, Pull INJECTION Tubing and Packer. Acidize Gross Injection Interval 4194-4312 with 3120 gals 20% NE HCL using PPI Packer @ 4 Spacing. Flush with 40 BBLs clean water. Return to Injection 5-1-89. PSA 4108

BWD: 900 BWIPD @ 175 PSI
AWO: 1200 BWIPD @ 175 PSI

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

SIGNATURE **B.T. Steele** TITLE **Admin Analyst** DATE **5-11-89**

TYPE OR PRINT NAME **BLAKE T. STEELE** TELEPHONE NO. **713-5847322**

(This space for State Use)

APPROVED BY _____ TITLE **DISTRICT I SUPERVISOR** DATE **MAY 15 1989**

CONDITIONS OF APPROVAL, IF ANY: