

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

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO. 30-025-29756

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

8. Well No. 218

9. Pool name or Wildcat  
Hobbs Grayburg San Andres

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  GAS WELL  OTHER  Water injector

2. Name of Operator  
Amoco Production Company (Room 18.108)

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

4. Well Location SL/BHL  
Unit Letter A : 652/985 Feet From The North Line and 563/280 Feet From The West Line

Section 4 Township 19-S Range 38-E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3617.9' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING   
OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
OTHER: Test Injection Packer After Workover

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.

In accordance with Rule 704, the attached pressure test was performed on 12/15/93, evidencing that pressure held at 500 PSI for over 30 minutes.

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

SIGNATURE Devina Prince TITLE Staff Assistant DATE 03-15-94

TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

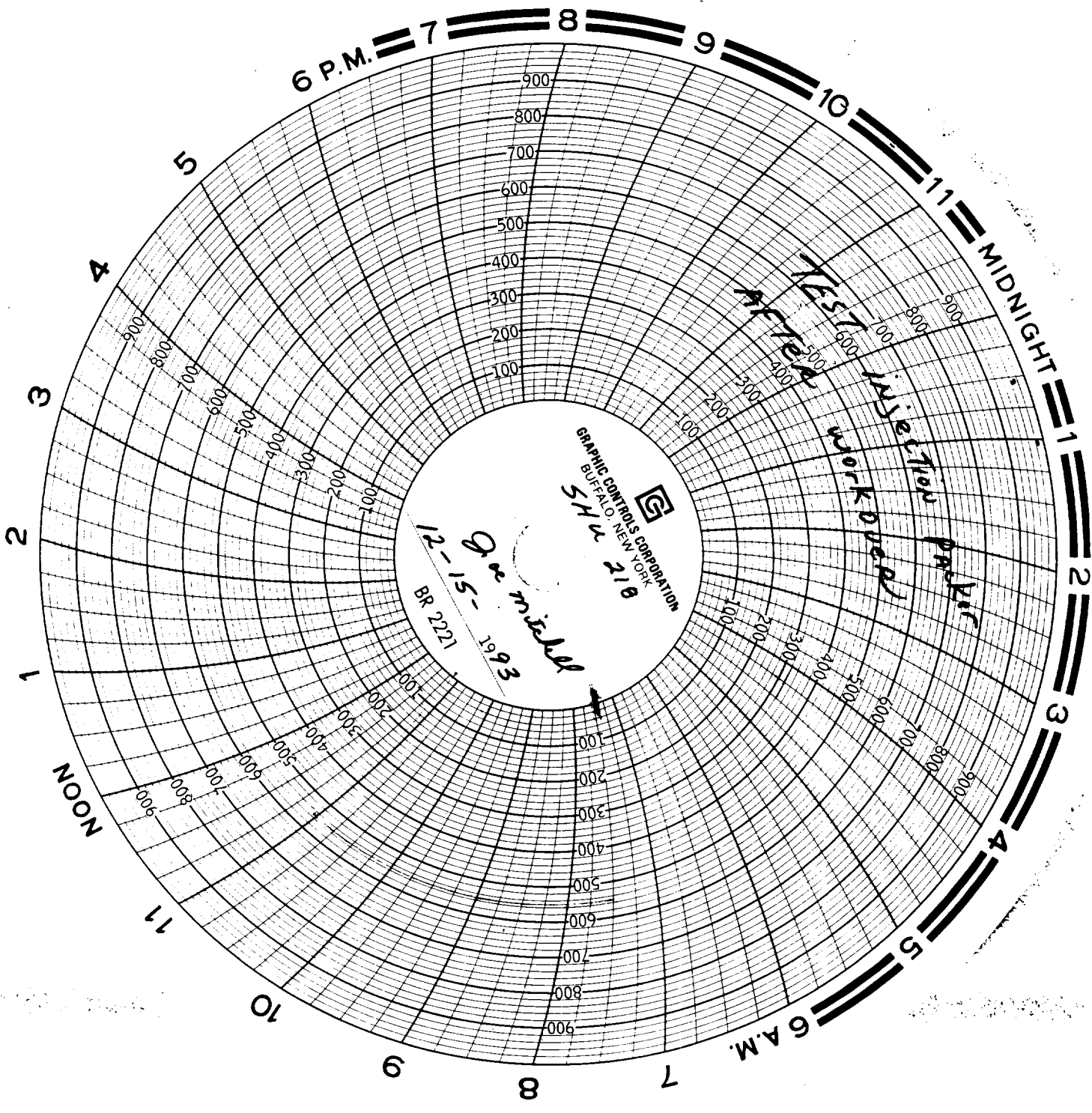
MAR 23 1994

TO R

RECEIVED

MAR 22 1994

COBEN HOBBS  
OFFICE



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
SMA 210  
G. A. Mitchell  
12-15-1993  
BR 2221

ASIT Injection  
work over