Submit 3 Copies

State of New Mexico Energy Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

to Appropriate District Office	rgy, Millerais and Natural Reso	aroos Doparement			
STRICT I D. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.	25-31423	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lea	se	
				TATE FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lea	se No.	
SUNDRY NOTI	ICES AND REPORTS ON WE	ELLS			
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER\ (FORM C-	POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	RMIT"	7. Lease Name or Unit South Hobbs GSA Ur		
1. Type of Well			-		
OIL GAS WELL WELL	OTHER	Water Injector			
2. Name of Operator			8. Well No.	235	
Amoco Production Company	(Room 18.1	(Room 18.108)			
3. Address of operator	77252 200	2	9. Pool name or Wildo	/burg San Andres	
P.O. Box 3092, Houston,	Texas 77253-3093		TIODES CITA	young out / moreo	
4. Well Location Unit Letter K : 216	O Feet From The South	Line and24	Feet From The	West Line	
Section 4	- v		NMPM Le	a, NM County	
	10. Elevation (Show whether	er DF, RKB, RT, GR, etc.) 3607.3' GR			
11. Check Apr	propriate Box to Indicate N	lature of Notice, R	eport, or Other D	ata	
NOTICE OF INT	_	SU	BSEQUENT REPO!	RT OF:	
			A1.75	RING CASING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALI	INING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS PLUC	AND ABANDONMENT	
ULL OR ALTER CASING CASING TEST AND CE		MENT JOB			
OTHER:		OTHER:	Acidize & Change R	ams	
12. Describe Proposed or Completed Ope work.) SEE RULE 1103.					
MIXRU SU (12-10-93) X RTXIB RE RIH X PPI PKR. ACD X 5900 GAL : TRTP 2480 X AVG TRTP 1450 X A 4062FT. RBXIT X TST PKR X 500	20% X ADDITIVES X 50 GAL/FT > NR 2 BPM. FLUSH X POH X LD W	(4FT SPACING X PERFS 'S X PKR X RIH X INJ PK	X 4130-4140 X 4147	-4216 X 4221-4260. WAX	
I hereby certify that the information abo	ve is true and complete to the best of n	ny knowledge and belief.			
SIGNATURE _ DUMA M. G	rince	TITLEStaff	Assistant	DATE 01-03-94	
TYPE OR PRINT NAME	Devina M. Pri			TELEPHONE NO. (713) 366-768	
(This space for State Use) ORIGINA	AL SIGNED BY JERRY SEXTON				
ADDROVED BY	ISTRICT I SUPERVISOR	TITLE		DATE TAN 1 7 TUC!	

APPROVED BY _