

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.	30-025-07575 <input checked="" type="checkbox"/>
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Hobbs (GSA) Unit
8. Well No.	1
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Amoco Production Company	
3. Address of operator P.O. Box 3092, Houston, Texas 77253-3092	
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18S</u> Range <u>38E</u> NMPM Lea, NM County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3641' DF	

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: _____ <input type="checkbox"/>		OTHER: <u>Acidize</u> <input checked="" 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.

MIRUSU 4-15-93 KILL WELL X RTXIR X PTG X LD ESP EQPT X CHANGE RAMS X RIH X BIT X TAILPIPE X SCRAPER X TBG X TAG AT 4306 X POH X RIH X PKR X SA 4006' X LOAD X TST. ACD X 4 STAGES X 9000 GALS 20% NE HCL X ADDITIVIES X 2500 GAL X 400# SALT X 2500 GAL X 400# SALT X 2000 GAL X 600# SALT X 2000 GAL X FLUSH X AVG TRIP 0 X AIR 5 BPM X ISIP 0 X REL PKR X POH X CHANGE RAMS X RIH X ESP EQPT (DOWN SIZED ESP EQPT) X TBG X RBXIT X WELL PMP UP IN 10-1/2 MINS X 70N PSI.

RD MOSU 4-17-93 AND RETURN TO PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 04-21-93
TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 596-7686

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APR 27 1993