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to Appropriate
District Office

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87504-2088

FORM C-103

Dist 1: P.O. Box 1980, Hobbs, NM 88240
Dist 2: P.O. Drawer DD, Artesia, NM 88210

SUNDRY NOTICES AND REPORTS ON WELLS

Type of Well:
OIL WELL GAS WELL OTHER

Name of Operator
AMOCO PRODUCTION COMPANY

Address of Operator
P.O. BOX 3092
HOUSTON, TX 77253

Well API No.
30-025-07575

Type of Lease:
STATE FEE

State Oil & Gas Lease No.

Lease Name or Unit Name
SOUTH HOBBS (GSA) UNIT

Well No.: 1

Pool Name:
HOBBS GRAYBURG
SAN ANDRES

Well Location
Unit D 660 Feet From NORTH Line And 660 Feet From WEST Line

Section: 34 Township: 18-S Range: 38-E NMPM: LEA Co.

ELEVATION: 3641' DF

CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input type="checkbox"/>	P X A <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALT CSG <input type="checkbox"/>
TEMP ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRLG OPNS. <input type="checkbox"/>	P X A <input type="checkbox"/>
PULL/ALTER CASING <input type="checkbox"/>		CASING TST & CMT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: DEEPEN TO 4306' & ACIDIZE <input checked="" type="checkbox"/>	

Describe Proposed or Completed Operations:

4/17/90: MIRUSU; pull prod equip; drill out to 4306' with 4-1/8" bit; set pkr @ 4196' & acidize open hole w/2000 gals 20% Ne HCL; flush to btm w/25 BW; rel pkr, rerun prod equip; RDSU; ret to prod 4/20/90.

5/14/90: MIRUSU; pull prod equip; co fill to 4306'; set pkr @ 4220' & acidize open hole w/2000 gals HCL; flush to btm w/20 BW; rel pkr; rerun prod equip; RDSU; ret to prod 5/17/90.

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

SIGNATURE: Matthew C. Wines TITLE: ADMINISTRATIVE ANALYST DATE: 6/25/90

TYPE OR PRINT NAME: MATTHEW C. WINES TELEPHONE NO.: (713) 556-3744

(This space for State use)

APPROVED BY: _____ TITLE: _____ DATE: _____