

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  
Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.  
30-025-28341

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
A-1212-1

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 G-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name  
South Hobbs (GSA) Unit

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
138

2. Name of Operator  
Amoco Production Company

9. Foot name or Wildcat  
Hobbs Grayburg - San Andres

3. Address of Operator  
P. O. Box 3092, Houston, TX 77253

4. Well Location SL/BHL 2490/  
Unit Letter I : 2628 Feet From The South Line and 173/47 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.)  
3612.3' GL

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:

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.

RUSU 8-7-90  
Acidize perfis 4112-4225 w/3440 gal/s 20% HCL using PPI PKR @  
4 ft spacing  
RDSU 8-8-90  
Return to prod.  
BWO: 43 BOPD 442 BWPD 60 MCFD  
AWO: 59 BOPD 494 BWPD 80 MCFD

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 12-3-90  
TYPE OR PRINT NAME Matthew C. Wines TELEPHONE NO. 713/556-3744

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: