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| LAND OFFICE | |
| OPERATOR | |

3a. Indicate Type of Lease
 State Fee
 3. State Oil & Gas Lease No.

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. OIL WELL GAS WELL OTHER - Water Injection

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P.O. Box 4072, Odessa, Texas 79760

4. Location of Well
 SL/BHL UNIT LETTER D/M 645/1 FEET FROM THE North/South LINE AND 453/74 FEET FROM THE West LINE, SECTION 4/33 TOWNSHIP 19-S/18-S RANGE 38-E N.M.P.M.

7. Unit Agreement Name

8. Form or Lease Name
South Hobbs (GSA) Unit

9. Well No.
Coop No. 2

10. Field and Pool, or Wildcat
Hobbs GSA

15. Elevation (Show whether DF, RT, CR, etc.)
3620.1 GL

12. County
Lea

16. 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 checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input type="checkbox"/> |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

MI and RUSU 04-11-88 to acidize well to increase injectivity. Pull injection tubing and packer. Run bit and workstring and clean out to 4403'. Run packer and set at 4103' and acidize from 4159-65, 4200-02, 4205-13, 4225-28, 4233-38, 4243-46, 4254-58, 4262-65, 4271-74, 4277-89, 4299-4303, 4309-14, 4319-20 and 4326 to 4348 with 6075 gallons of 20% NE HCl. Run injection packer and tubing and displace hole with packer fluid. Set packer at 4040' and test casing and packer to 520 PSI for 30 minutes and test OK. RD and MOSU 04-13-88 and return well to injection.

IPWO: 2000 BWIPD at 780 PSI
 IAWO: 2580 BWIPD at 0 PSI

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

DATE 04-22-88 TITLE Sr. Admin. Analyst

APPROVED BY JERRY SENSON DISTRICT I SUPERVISOR

DATE APR 27 1988

CONDITIONS OF APPROVAL, IF ANY: