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LAND OFFICE	
OPERATOR	

34. 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 REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT..." (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name South Hobbs (GSA) Uni
3. Address of Operator P.O. Box 4072, Odessa, Texas 79760	9. Well No. 131
4. Location of Well UNIT LETTER <u>G</u> <u>1383</u> FEET FROM THE <u>North</u> LINE AND <u>2498</u> FEET FROM THE <u>East</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Hobbs GSA
11. Elevation (Show whether DF, RT, GR, etc.) 3630' RDB	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 OPER. <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 1103.

MI and RUSU 05-03-88 to acidize to increase production. Tag PBDT at 4212'. Run PPIP set on 2 foot spacing and acidize from 4062-77, 4080-82, 4085-89, 4098-4101, 4104-13, 4120-23, 4126-35, 4150-60, 4166-70, 4175-90 and 4197 to 4203' with 6000 gallons of 20% NE HCl. Run ESP and tubing and land pump at 3040'. RD and MOSU and return well to production.

PPWO: 275 BOPD, 1069 BWPD
PAWO: 348 BOPD, 1464 BWPD, 82 MCFD

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

APPROVED BY O. M. Mitchell TITLE Sr. Admin. Analyst DATE 05-23-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **MAY 25 1988**

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 24 1988

**GED
HOBBS OFFICE**