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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. 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- Salt Water Disposal Well

7. Unit Agreement Name
Hobbs SWD

2. Name of Operator
Rice Engineering & Operating, Inc.

8. Farm or Lease Name
Hobbs SWD P-25

3. Address of Operator
P. O. Box 1142, Hobbs, New Mexico

9. Well No.
1

4. Location of Well
UNIT LETTER __P__ , __330__ FEET FROM THE __south__ LINE AND __330__ FEET FROM
THE __east__ LINE, SECTION __25__ TOWNSHIP __18S__ RANGE __37E__ NMPM.

10. Field and Pool, or Wildcat
Hobbs

15. Elevation *(Show whether DF, RT, GR, etc.)*

12. County

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]
PLUG AND ABANDON [ ]
CHANGE PLANS [ ]
OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER Open additional perforations and install larger tubing [X]
ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]

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.

1-8-74: Perforated 5" OD casing w/4 jets/ft. @ following intervals: 4,517'-27', 4,495'-4,500', 4,472'-78' and 4,446'-50'. Acidized w/5,000 gallons of 15% regular HCL acid.

1-15-74: Run 4,419'-3½" OD plastic-lined tubing w/packer set @ 4,432' and loaded backside w/chromate water.

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

SIGNED L. B. Goodheart   TITLE Division Manager   DATE January 23, 1974

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: