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LAND OFFICE	
OPERATOR	

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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-1212
7. Unit Agreement Name
8. Farm or Lease Name STATE A-3
9. Well No. 25
10. Field and Pool, or Wildcat HOBBS GSA
12. County LEA

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Amoco Production Company
3. Address of Operator BOX 68, HOBBS, N. M. 88240
4. Location of Well UNIT LETTER P 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE EAST LINE, SECTION 33 TOWNSHIP 18-S RANGE 38-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3631 D.F.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input checked="" type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<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.

Squeezed perforations 4063-77 w/ 100 SX Incon + 25# Inf Plug. Drilled out to TD 4241. And restored to production.

*Pres. Pmp 60 BOP 98 BW x 730 MCFG.
After - Pmp 78 BOP x 80 BW x 142 MCFG*

TD-4241

OC-6-29-71
Comp-7-7-71

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

SIGNED _____

AREA SUPERINTENDENT

TITLE _____

DATE **JUL 9 1971**

APPROVED BY *[Signature]*

SUPERVISOR DISTRICT I

TITLE _____

DATE **JUL 12 1971**

CONDITIONS OF APPROVAL, IF ANY:
1-ACJR
1-SUSP

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JUL 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.