

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. 07569  
30-025-07549

5. Indicate Type of Lease  
STATE ☒ FEE ☐

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

7. Lease Name or Unit Agreement Name  
South Hobbs Unit

**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. Type of Well  
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator  
Amoco Production Company

8. Well No.  
3

3. Address of operator  
P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat  
Hobbs Grayburg San Andres

4. Well Location  
Unit Letter L : 1980 Feet From The South Line and 560 Feet From The West Line  
Section 34 Township 18S Range 38E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3630' RDB

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: ACIDIZE ☒

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 9-22-92 POH X ESP EQPT X RIG X BIT X SCRAPER X TBG X TAG AT 4224' X ROH X RIH X PACKER X TBG X ACD X 6800 GAL 20%  
NE HCL X 3 STAGES X 2000 GAL X 400# SALT X 2000 GAL X 600# SALT X 2800 GAL X FLUSH X POH X PACKER X RIH X ESP EQPT X  
WELL PUMPED UP IN 5 MINS X 50 PSI

RDSU 9-23-92, RETURN TO PRODUCTION

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

SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 02-17-93

TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 596-7686

(This space for State Use)  
ORIGINAL SIGNED BY CLIFFY SEXTON  
DISTRICT MANAGER

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

CONDITIONS OF APPROVAL, IF ANY:

FEB 25 1993