

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
6. Unit & Pool Name	
South Hobbs (GSA) Unit	
7. Name of Operator	
South Hobbs (GSA) Unit	
8. Well No.	
3	
9. Field Name, if different	
Hobbs GSA	
10. Location (Show whether DF, RT, GR, etc.)	
3630 RDB	
11. County	
Lea	

SUNDRY NOTICES AND REPORTS ON WELLS

1. Kind of Notice or Report: WELL GAS WELL OTHER

2. Name of Operator: Amoco Production Company

3. Address: P.O. Drawer "A", Levelland, Texas 79336

4. Unit Letter: L 5. Feet from the: South 6. Line and: 560 7. Feet from: West

8. Line, Section, Township, Range: West 34 18-S 38-E

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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER _____	<input type="checkbox"/>

12. Description of Well or Completion Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Moved in service unit 3/2/79. Perforated intervals 4060'-78', 4110'-30', 4140'-4222' using 2 JSPF. Set packer at 3449' and set tailpipe at 3951'. Ran log. Acidized with 1750 gal 15% NE acid. Pulled tubing, packer, and tailpipe. Ran 2 7/8" tubing and set packer at 3836'. Loaded annulus and pressured up with 900# for 30 minutes. Tested O.K. Pulled tubing and packer. Ran 2 7/8" tubing and set at 4045'. Ran rods and pump. Returned well to production. Final report.

OC-3/2/79
 Comp-3/13/79
 PPWO-57 BOPD x 9 BWPD x 196 MCFPD
 PAWO-113 BOPD x 127 BWPD x 468 MCFPD

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

SIGNED: Ray Cox TITLE: Administrative Supervisor DATE: March 23, 1979

ORIG. SIGNED BY: Jerry Sexton TITLE: _____ DATE: **MAR 26 1979**

APPROVED BY: Dist 1, Supv. TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOCD,H 1-RWA 1-Houston 1-Susp