

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-025-07570</u>
5. Indicate Type of Lease STATE ☐ FEE ☒
6. 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. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name <u>SOUTH Hobbs (GSA) UNIT</u>
2. Name of Operator <u>Amoco Production Company</u>	8. Well No. <u>4</u>
3. Address of Operator <u>P.O. Box 3092 Houston, TX 77253</u>	9. Pool name or Wildcat <u>Hobbs Grayburg San Andres</u>
4. Well Location Unit Letter <u>K</u> : <u>2004</u> Feet From The <u>South</u> Line and <u>1740</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County <u></u>	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3627 DF</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

MI RUSU 6-8-89 POK WITH ESP EQUIPMENT AND PRODUCTION EQUIPMENT.
SQ2 CMT EXISTING PERFS 4045' - 4224' w/ 100 SX CLASS C w/ TUFF
PLUG. DO CMT AND OPEN HOLE DEEPEN FROM 4224' - 4287'. LOG OPEN HOLE,
PERF 4206' - 4142 4130 - 4100 w/ 4 SPF AND ACIDIZE WITH 4700 GALS 20%
NE HCL USING PPI @ 4 SPRING. ACIDIZE OPEN HOLE w/ 1500 GALS 20% AND
FLUSH TO BOTTOM. RETURN WELL TO PRODUCTION

RD SU 6-15-89

BWO : 130 OIL 2008 WATER 115 MCF GAS

AWO : 215 OIL 2205 WATER 18 MCF GAS

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

SIGNATURE Blake T. Steele TITLE Admin. Analyst DATE 7-25-89
TYPE OR PRINT NAME BLAKE T. STEELE TELEPHONE NO. 713-584-7322

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 1 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 31 1985

OCB
MORRIS DEAN