STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103 -Revised 10-1-78 SANTA FE, NEW MEXICO 87501 Su. Indicate Type of Leuse 5, State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Unit Agreement Name 8. Farm or Lease Name 2. Name of Operator Amoco Production Company South Hobbs (GSA) Unit 3. Address of Operator Hobbs, NM 88240 P. O. Box 68, 10. Field and Pool, or Wildcat 4. Location of Well 1740 2004 South Hobbs GSA 18-S 15. Elevation (Show whether DF, RT, GR, etc.) 12. County 3627' RDB Lea Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: COMMENCE DRILLING OPHS. 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Propose to acidize and install gas separator as follows: Pull tubing and submersible pump. Run treating packer on tubing and set at 4135'. Acidize as follows at 3-4 BPM: (A) Pump .1000 gal. 20% HCL; (B) Pump 300 lb. graded rock salt and 150 lb. of 100 mesh salt in 250 gal. of 30# gelled brine; (C) Repeat steps (A) and (B); (D) Repeat step (A); and (E) Flush acid to perfs with fresh water. Pull tubing and packer. Run tubing, packer, and retrievable bridge plug. Set bridge plug at 4135' and packer at 4085'. Acidize as follows at 3-4 BPM: (A) Pump 1000 gal. 20% HCL: (B) Pump 200 lb. graded rock salt and 100 lb. of 100 mesh salt in 200 gal. of 30# gelled brine; (C) Repeat steps (A) and (B); (D) Repeat step (A); and (E) Flush acid to perfs with fresh water. Raise packer and retrievable bridge plug. Set bridge plug at 4085' and packer at 4000'. Acidize as follows at 3-4 BPM: (A) Pump 1000 gal 20% HCL: (B) Pump 200 lb. graded rock salt and 100 lb. of 100 mesh salt in 200 gal. of 30# gelled brine; (C) Repeat steps (A) and (B); (D) Repeat step (A); and (E) Flush acid to perfs with fresh water. Pull tubing, packer, and retrievable bridge plug. Return well to production. 0+4-NMOCD, H 1-Hou 1-Susp 1-CLF 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. Assist. Admin. Analyst