Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-07575

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.)

7. Lease Name or Unit Agreement Name: South Hobbs (GSA) Unit

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No. 1

2. Name of Operator: Amoco Production Company

9. Pool name or Wildcat: Hobbs Grayburg San Andres

3. Address of Operator: P. O. Box 3092 Houston, TX 77253

4. Well Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line

Section 34 Township 18-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3641' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

Rig up 12-4-89. Acidize perfs 4114'-4220' with 4200 gals 20% NeFe HCL using ppi packer @ 4 spacing 200 gals per setting. Flush to perfs and run new pumping equipment and return well to production 12-7-89.

Before workover: 80 BOPD, 600 BWPD, 32 MCFD
After workover: 107 BOPD, 1117 BWPD, 117 MCFD

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

SIGNATURE Amelia Hartman TITLE Assistant Admin. Analyst DATE 1-16-90

TYPE OR PRINT NAME Amelia Hartman TELEPHONE NO. (713) 584-7442

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 23 1990

CONDITIONS OF APPROVAL, IF ANY: