Submit 3 Copies to Appropriate District Office

State of New Mexico

Energy, I rals and Natural Resources Department

| Form | C-103 |
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| Revis | ed 1-1-89 |

| District Office | | | | | | |
|--|--|---|---|---|--|--|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | OIL CONSERVATION DIVISION | | | WELL API NO. | | |
| P.O.Box 2088 | | | 30-025-07576 | | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 | | | 5. Indicate Type of Leas | | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Lease | FATE FEE 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 | | | |
| 1. Type of Well OIL WELL GAS WELL | OTHER | | South Hobbs GSA Uni | t | | |
| 2. Name of Operator | OTHER | • | 8. Well No. | | | |
| Amoco Production Company | (Room 18. | (Room 18.108) | | 7 | | |
| 3. Address of operator | | | 9. Pool name or Wildcat | | | |
| P.O. Box 3092, Houston, | | | | Hobbs Grayburg San Andres | | |
| 4. Well Location Unit Letter N : 660 | Feet From The South | Line and 1 | O80 Feet From The | West Line | | |
| Section 34 | Township 18S | Range 38E | NMPM Lea, | NM County | | |
| | 10. Elevation (Show when | ther DF, RKB, RT, GR, etc.) 3614' RDF | | | | |
| 11. Check App | ropriate Box to Indicate | Nature of Notice, R | eport, or Other Dat | a | | |
| NOTICE OF INTENTION TO: SUBSEQUENT | | | | | | |
| | | | | , , , , , , , , , , , , , , , , , , , | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALIER | ING CASING | | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | OPNS. PLUG | AND ABANDONMENT | | |
| PULL OR ALTER CASING | ALTER CASING CASING TEST AND CEMENT JOB | | | | | |
| OTHER: | | OTHER: <u>acidize</u> | | | | |
| 12. Describe Proposed or Completed Oper work.) SEE RULE 1103. | | | • | | | |
| MIRUSU (2-1-94) X RTXIB X PTG X RIH X PKR X TBG X PSA 4014FT. L SALT X 2500 GAL X 1750# SALT X POH. RIH X ESP EQPT X RBXIT X V | OAD X TST X 500 PSI X ACD P 3000 GAL X FLUSH X 75 BFW | ERFS OH. 8000 GALS 20 X MAX TRTP 1190 X AV | % ADDITIVES X 3 STAG 'G TRTP 300 X AIR 5 BPI | ES X 2500 GAL X 750# M. ISIP 9 X REL PKR X | | |
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| I hereby certify that the information above | e is true and complete to the best of | ny knowledge and belief. | | | | |
| SIGNATURE Aprilia M | : Orince | TITLEStaff A | ssistant DA | O2-09-94 | | |
| TYPE OR PRINT NAME | Devina M. Pr | ince | TE | ELEPHONE NO. (713) 366-7686 | | |
| (This space for State Use) | | | | | | |
| | RY JERRY SEXTON | TITLE - | | FEB 14 193 | | |
| CONDITIONS OF APPROVAL, IF ANY: | SUPERVISOR | - | DA | | | |