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State of New Mexico

Form	C	-10	3
Revise	ed	1-1	-8

to Appropriate District Office	Energy, Minerals and Nat	tural Resources De	epartment		Revised 1-	1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 882	OIL CONSERVA		ION	WELL API NO.		<u></u>
	P.O.Box 2088 Santa Fe New Mexico 87504-2088		30-025-28331 5. Indicate Type of Lease			
P.O. Drawer DD, Artesia, NM 8						
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM	87410			6. State Oil & Gas	STATE L	FEE 🔽
, , , , , , , , , , , , , , , , , , ,				o. state on te das	Lease 140.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A						
	RESERVOIR. USE "APPLICATION		BACK TO A	7. Lease Name or	Unit Agreement Nat	ne
	ORM C-101) FOR SUCH PROPO			South Hobbs GSA	A Unit	
1. Type of Well OIL GA						
WELL WE	S OTHER	₹ Wa	ater Injector			
2. Name of Operator				8. Well No.		
Amoco Production Company	(F	(Room 18.108)		127		
3. Address of operator P.O. Box 3092, Houston	T-11-2	77070 0000		Pool name or Wildcat Hobbs Grayburg San Andres		
4. Well Location 54/BHL	_ <u></u>	7253-3092		Hobbs	arayourg San And	res
	1980 /1280 Feet From The	South Li	ne and 860/	1234 Feet From	The West	Line
		· · · ·				
Section 34	Township 18S			MPM	Lea, NM	County
	10. Elevation (S	how whether DF, RKB	7, <i>RT, GR, etc.)</i> 5' GL		Table 1	
11. Chec	le Appropriete Day to In				Data	·
Clicch	k Appropriate Box to Inc	ulcate Nature o	,	• '		
NOTICE	F INTENTION TO:		501	BSEQUENT REF	ORI OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDI	AL WORK	A	LTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMME	NCE DRILLING	OPNS. P	LUG AND ABAND	ONMENT
PULL OR ALTER CASING			TEST AND CEN		LOG AND ABAND	ONNENT
	L		TEO, AND GEN			L
12. Describe Proposed or Complework.) SEE RULE 1103.	ted Operations (Clearly state all per	tinent details, and give	pertinent dates, i	ncluding estimated da	tte of starting any pr	oposed
PKR. ACD PERFS 4180-441	(IB X REL PKR X PTG X RIH X E 8 X 2FT SPACING X 50 GAL/FT 8" WORKSTRING X RIH X INJ PI XMO SU (12-07-93)	T X 7650 GALS X A	DDITIVES X 2 E	SPM X MAX PRS 2	800 X FISH RFC \	ALVE X
I hereby certify that the information of the signature SIGNATURE TYPE OR PRINT NAME	ion above is true and complete to the M. Phenice Devi	e best of my knowledg TITLE	e and belief. Staff As	sistant	DATE 01-03-S	
(This space for State Use)					· · · · · · · · · · · · · · · · · · ·	
· ·	RIGINAL SIGNED BY JERRY	SEXTOM				

_____ TITLE ____

APPROVED BY ____

DISTRICT I SUPERVISOR