

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-28331

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 Water Injection

2. Name of Operator
Amoco Production Company

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

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

8. Well No.
127

9. Pool name or Wildcat
Hobbs Grayburg San Andres

4. Well Location
SL/BHL Unit Letter L/M : 1980/1280 Feet From The South Line and 860/1234 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.)
3625' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ 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.

Rig up 12-01-89. Perforate 4380'-4396', 4400'-4418' with 4 SPF. Acidize new perfs with 2700 gals 20% HCL using ppi packer @ 2 spacing - 150 gals per setting. Flush to perfs and return well to injection 12-07-89. Run injection profile survey to check conformance.

Before workover: 2500 BPD @ 700 psi
After workover : 2650 BPD @ 900 psi, fluid

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

(713)
TELEPHONE NO. 584-7442

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

JAN 23 1990
DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 22 1990

CCO
HOBBS OFFICE