

OIL CONSERVATION DIVISION

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

INTEREST I
O. San 1989, Hobbs, NM 88240

INTEREST II
O. Denver DD, Arroyo, NM 88220

INTEREST III
DO Rio Arriba S.A., Arroyo, NM 87410

WELL API NO.

30-025- 28968

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 O-401) FOR SUCH PROPOSALS.

Type of Well:

OIL WELL ☐ GAS WELL ☐ OTHER Water Injector

Name of Operator:

Amoco Production Company

Address of Operator:

P. O. Box 3092, Houston, TX 77253

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

8. Well No.

Coop 9

9. Foot name or Wellhead

Hobbs Grayburg - San Andres

Well Location:

SL/BHL D/C .717/1303 Feet From The North Line and 651/1339 Feet From The West Line

Section 34 Township 18-S Range 38-E N40PM Lea County

10. Elevation (Above center of A.R. RT. CL. etc.)

3635.9' GL

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 OPERATIONS ☐	PLUG AND ABANDONMENT ☐
WELL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER Perf & Acidize ☒	

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.

RUSU 3/1/91

Finished running tbg X tag @ 4480' X POH.

Perf 4290-4310 X 4362-72 w/45PF. Ran PPI pkr X 5' spacing to 4378'.

Acidized perfs 4290-4310 X 4327-32 X 4343-46 X 4349-60 X 4362-78 w/4775 gals 15% HCL.

Fished PFC valve X loaded workstring X pkr Ran Baker 5-1/2 LOK SET X 2-3/8 tbg.

Removed BDP & installed tree. Set PKR @ 4206'

RDSU 3/5/91

Return to injection

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 5/15/91

TYPE OR PRINT NAME Kim A. Colvin TELEPHONE 713/596-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

COMMISSIONER OF ENERGY AND MINES