Submit 3 Copies to Appropriate District Office

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- 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 C-101) FOR SUCH PROPOSALS.)

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

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Water Injector

2. Name of Operator
Amoco Production Company

8. Well No.
9

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

9. Pool name or Wildcat
Hobbs Grayburg - San Andres

4. Well Location
SL/BHL Unit Letter 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 NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3635.9' GL

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: Perf & Acidize	☒			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.

POH w/injection tbg X equip. Inspect & repair equip. as necessary.
Perf intervals 4290-4310, 4362-72 w/ 4 JSPF
RIH w/workstring & PPI pkr. @ 4' spacing.
Acidize perfs (4290-4310, 4327-32, 4343-46, 4349-60,4362-78) w/4275 gal 15% NE HCL:
Pull pkr up to 3900' & flush to perfs w/40 BBLS clean water.
Release pkr & POH
Return well to injection

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE

TYPE OR PRINT NAME Kim A. Colvin TELEPHONE NO. 713/ 496-7686

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY DISTRICT I SUPERVISOR TITLE DATE MAR 0 1 1991

CONDITIONS OF APPROVAL, IF ANY: