Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

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

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

2. Name of Operator
Amoco Production Company

8. Well No.
Coop #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: Deepen within interval; 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.

MIRUSU, Pull injection equip.
RIH w/4-3/4" Bit, Drill out to 4476'
Perf w/4 JSPF from 4415'-4436', 4442'-4472'. Correlate to Schlum. CNL dated 12/6/84
Acidize new perfs w/50 gal/ft 20% Ne HCL & additives WA211, WA212 @ 2 gal/1000 using PPI packer @ 2' spacing. Total Acid: 2550 gal.
Flush to bottom w/50 bbl water. POH
Rerun injection equip. RDSU
Return well to injection @ pressure limit of 885 PSI. Rate override of 2000 BWIPD.

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

SIGNATURE Matthew C Wines TITLE Administrative Analyst DATE 6/13/90

TYPE OR PRINT NAME Matthew C. Wines TELEPHONE NO. 713/ 556-3744

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JUN 18 1990

CONDITIONS OF APPROVAL, IF ANY: