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. 30-025-28969

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 #10

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 K/L 2564/2631 Feet From The South Line and 1607/1316 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.) 3628.5' GR

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 equipment
RIH w/4-3/4" Bit. Drill out to 4330'
Perf w/4 JSPF from 4290'-4320'. Correlate to Schlum. CNL dated 11/5/84.
Acidize new perfs w/50 gal/ft 20% Ne HCL & additives WA211, WA212 @ 2 gal/1000 using PPI packer @ 2' spacing. Total Acid: 1500 gal.
Flush to bottom w/50 bbl water. POH
Rerun injection equipment. RDSU
Return well to injection @ press limit of 637 PSI. Rate override of 2200 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)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 18 1990

CONDITIONS OF APPROVAL, IF ANY: