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LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State ☐ Fee ☒
3. State Oil & Gas Lease No.

<p>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.)</p>		
<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection</p>		7. Unit Agreement Name
<p>2. Name of Operator AMOCO PRODUCTION COMPANY</p>		8. Farm or Lease Name South Hobbs (GSA) Unit
<p>3. Address of Operator P.O. Box 4072, Odessa, Texas 79760</p>		9. Well No. Coop 10
<p>4. Location of Well SL/BHL UNIT LETTER K/L 2564/2630 FEET FROM THE South LINE AND 1607/1310 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 18-S RANGE 38-E NMPM.</p>		10. Field and Pool, or Wildcat Hobbs GSA
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3628.5</p>		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

MI and RUSU 9-3-87 to acidize well to increase injectivity. Release packer and pull injection tubing and packer. Run PPIP and workstring and acidize from 4141' to 4273' on 2 foot spacing with 75 gal/ft of 20% NE HCl. Lay down workstring and run injection tubing and packer. Pump packer fluid and set packer at 4018'. Test packer and casing to 550 PSI for 30 minutes and test OK. RD and MOSU 9-7-87 and return to injection.

IPWO: 836 BWIPD at 100 PSI
IAWO: 2156 BWIPD at 0 PSI

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

SIGNED <u>Eddie W. Seay</u> Eddie W. Seay	TITLE <u>Sr. Admin. Analyst</u>	DATE <u>9-11-87</u>
APPROVED BY <u>Oil & Gas Inspector</u>	TITLE _____	DATE <u>SEP 17 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		

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SEP 16 1987

OCD
HOBBS OFFICE