Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, ...erals 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- 28970

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 *WI

2. Name of Operator
Amoco Production Company

8. Well No.
Coop 11

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 : 2500/2631 Feet From The South Line and 1660/2527 Feet From The West Line

Section 34 Township 18S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3627.2' 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:	☐			OTHER: perf within interval	☒		

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 7-23-90

CO fill to 4410; perf 4370-4400 w/4 JSPF. Acidize perfs 4370-4400 w/1500 gals 20% HCL using 5.5 PPI packer @ 2 ft spacing

ROSU 7-26-90

Return to injection

BWO: 1469 BPD @ 600 PSI

AWO: 2050 BPD @ 400 PSI

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 12-4-90

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: