

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. 30-025-28971
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection	7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
2. Name of Operator Amoco Production Company	8. Well No. Coop #12
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 N : 636/1300 Feet From The South Line and 2348/2624 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.) 3610.6' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Deepen within interval; acidize ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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 4415'
Perf w/4 JSPF from 4370'-4390', 4395'-4410'. Correlate to Schlum.CNL dated 10/24/84.
Acidize new perfs w/50 gal/ft 20% NeHCL & additives WA 211, WA212 @ 2 gal/1000 using
PPI packer @ 2' spacing. Total Acid: 1750 gal
Flush to bottom w/50 bbl water, POH
Rerun injection equip. RDSU
Return well to injection @ press limit of 880 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)

ORIGINAL SIGNED BY ALFREY BENTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 18 1990

CONDITIONS OF APPROVAL, IF ANY: