

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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.)

OIL WELL ☐ GAS WELL ☐ OTHER ☐
Name of Operator
AMOCO PRODUCTION COMPANY
Address of Operator
P. O. Box 68, Hobbs, NM 88240
Location of Well
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.

7. Unit Agreement Name
8. Farm or Lease Name
South Hobbs (GSA) Unit
9. Well No.
Coop 12
10. Field and Pool, or Wildcat
Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3610.6' GR

12. County
Lea

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 OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

7. 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.

MI and RUSU 5-22-87 and pull injection equipment. Run PPIP and 2-3/8" tubing and set packer at 4600. Drop standing valve and test packer. Acidize perms at 4244-4350 with 75 gal 20% NE HCL. Flush with 30 bbl water and POH. Run injection equipment with packer set at 4139 and return to injection.

IPWO: 621 BWPD at 745 PSI.
IAWO: 2021 BWPD at 745 PSI.

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

Signed O. M. Mitchell TITLE Sr. Admin. Analyst DATE 5-28-87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 2 1987

CONDITIONS OF APPROVAL, IF ANY: