

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-29444
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
2. Name of Operator Amoco Production Company (Room 18.108)	8. Well No. 197
3. Address of operator P.O. Box 3092, Houston, Texas 77253-3092	9. Pool name or Wildcat Hobbs Grayburg San Andres
4. Well Location Unit Letter L : 2809 Feet From The South Line and 860/740 Feet From The West Line Section 34 Township 18S Range 38E NMPM Lea, NM County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3625.2' RDB	

11. 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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: Squeeze Zone I x Perf x Acd Zones II & III <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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.
- | | |
|---|--|
| 1. MI. RUSU. | 9. Flush to perfs x 75 bbls clean water. |
| 2. POH x RXPMPxTbg. Inspect x repair eqpt as needed. | 10. Release PKR x POH. |
| 3. Isolate open perfs 4072-4078, 4087-4110 and establish injection rate | 11. RIH x prod eqpt x return well to prod |
| 4. If perfs break down, procede with squeeze as follows: | 12. Pump scale sqz to inhibit scale formation. |
| a. Set cmt ret x 4000' to squeeze perfs 4072-4078, 4087-4110. | |
| b. Sq x lead of Class C x 2 1/2 CaCl x 2#/sx TuffPlug (200 sxs) | |
| c. Follow x 150 sxs Class C cme x .5-.6% control fluid loss (D-127 x.2% Defoamer. | |
| d. Volumes x % are to be decided at Dowell test location as necessary. Not to be pumped over 2 bpm. Max Sqz PSI: 2000-2500 psi. | |
| 5. WOC. DO Cmt. | |
| 6. Test csq. | |
| 7. Perforate the following intervals at 4 jsfp x 90 or 120 degree phasing: 4160-4162, 4166-4168, 4178-4181, 4186-4194, 4200-4236, 4246-4315. | |
| 8. Acd pay x 6000 gal 20% NE HCl containing 2 gal/1000 gal WA211 x 2 gal/1000 gal WA 212. Pump in 3 stages as follows
1500 gal ACD, 1000 # Rock Salt
1500 gal ACD, 1500 # Rock Salt
2000 gal ACD | |
- **Rock salt numbers approximate, pump until block seen.

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

SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 01-04-94
TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 10 1994

CONDITIONS OF APPROVAL, IF ANY: