

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.	30-025-29893
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Hobbs GSA Unit
8. Well No.	222
9. Pool name or Wildcat	Hobbs Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3625.2' GL

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 <input type="checkbox"/>	
2. Name of Operator Amoco Production Company (Room 18.108)	
3. Address of operator P.O. Box 3092, Houston, Texas 77253-3092	
4. Well Location SL/BHL Unit Letter L : 2019/1425 Feet From The South Line and 817/590 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' GL	

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: Squeeze Zone I and Perforate Zones II & III ☒

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.

- 1) POH X R X PMP X TBG. INSPECT X REPAIR EQPT AS NEEDED.
- 2) ISOLATE OPEN PERFS 4070-4092 X ESTB INJ RATE.
- 3) IF PERFS BREAK DOWN, SQUEEZE AS FOLLOWS:
 - A) SET CM RET X 4000' , SQ PERFS 4070-4092
 - B) SQ X LD OF CL C X 2% CACL X 2#/SX TUFFPLUG (200 SX)
 - C) FOLLOW X 150 SXS CL C CMT X .5-.6% CONTROL FLUID LOSS (D-127 X .2% DEFORMER)
 - D) VOLUMES X % ARE TO BE DECIDED AT DOWELL TEST LOCATION AS NECESSARY. NOT TO BE PMP OVER 2 BPM. MAX SQ PSI: 2000-2500 PSI.
- 4) WOC. DO CMT
- 5) TST CSG.
- 6) PERF FOLLOWING INTERVALS W/4 JSPF X 90 OR 120 DEGREE PHASING 4135-4156, 4170-4178, 4184-4218, 4226-4254, 4260-4344.
- 8) ACD PAY X 8000 GAL 20% NE HCL CONT. 2GAL/1000 GALS WA211 X 2 GAL/1000 GAL WA 212. PMP IN 3 STAGES:
 - 2500 GAL ACD
 - 1000# ROCK SALT
 - 2500 GAL ACD
 - 1500# ROCK SALT
 - 3000 GAL ACD** ROCK SALT #S APPROX., PMP UNTIL BLK SEEN.
- 9) FLUSH TO PERFS X 75 BBLs CLEAN WTR
- 10) RELEASE PKR X POH.
- 11) RIH X PROD EQPT X RETURN WELL TO PRODUCTION.
- 12) PMP X SCALE SQ TO INHIBIT SCALE FORMATION.

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 05-05-94
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 MAY 10 1994

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 09 1994

USE THESE
OFFICE