

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

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- 29893

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

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Amoco Production Company

8. Well No.

222

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

L : 2019/1425

Feet From The

South

Line and

817/590

Feet From The

West

Line

Section

34

Township

18-S

Range

38-E

NMPM

Lea

County

10. Elevation (Show whether DP, 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Acidize ☒

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.

Rig up 8/19/91

MI X RU service unit X killed well X RT X IB X pulled tbg & ESP equip.

Acidized interval 4070'-4092' w/5000 gals 20% NE HCL & 1000 #s rock salt.

Released pkr & POH. Returned tbg & ESP equipment.

RDSU 8/21/91

Returned to production

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

SIGNATURE

Kim A. Colvin

TITLE

Asst. Admin. Analyst

DATE

9/4/91

713/

TYPE OR PRINT NAME

Kim. A. Colvin

TELEPHONE NO. 596-7686

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 09 1991

SEP
HOUSE OFFICE