Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO. 30-025-31211		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of L	ease
			STATE X 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 X GAS WELL	OTHER			
2. Name of Operator			8. Well No.	
Amoco Production Company (Room 18.108)			225	
3. Address of operator P.O. Box 3092, Houston, Texas 77253-3092			9. Pool name or Wildcat Hobbs Grayburg San Andres	
4. Well Location SL/BHL	16/46 //200-300	· · · · · · · · · · · · · · · · · · ·	110003 G1	aysary can raidios
	75 Feet From The West	Line and 647	/683 Feet From Th	ne South Line
Section 34/33	Township T-18-S I	tange R-38-E t	NMPM L	Lea, NM County
	10. Elevation (Show wheth	her DF, RKB, RT, GR, etc.) 3620.2 GL		
11. Check An	propriete Poy to Indicate		enort or Other 1	nata Data
•	propriate Box to Indicate	The state of the s	Sport, of Other I	
NOTICE OF IN	ENTION TO:	50	BSEQUEINI NEFC	/NI UF.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLU	JG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed Opwork.) SEE RULE 1103.	erations (Clearly state all pertinent deu	ails, and give pertinent dates,	including estimated date	e of starting any proposed
MIRUSU (5/25/94) RTXIB X POH X PKR X TBG X PSA 4110' X ACD X SALT X 3000 GAL X FLUSH X MA WELL PMP UP IN 16 MINS X 100	( 9000 GALS 20% NE HCL X ADD XX TRTP 49 X AVG TRTP 0 X AIR	ITIVES X 3 STAGES X 30 5 BPM X ISIP 0. REL PKR	00 GAL X 400# SAL X POH X PULL ESP	T X 3000 GAL X 600#
	ate			
* * * * * *	2/94) 1/94)			
I hereby certify that the information abo	nya is true and complete to the heat of	my knowledge and helief		
<i>(</i> ) · · · ·	The is true and complete to the best of	Staff A	ssistant	06-06-94
SIGNATURE	Daving M. D.	THLE		TELEPHONE NO. (713) 366-7686
TYPE OR PRINT NAME	Devina M. Pr	mce		TELEPHONE NO. (713) 300-7000
(This space for State Use)		estenación de la companya de la comp La companya de la companya de	North Anna Constitution (Constitution (Const	JUN 1 0 1994
APPROVED BY		TITLE		DATE TO DOT

## RECFIVED

JUN 0 9 1994

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