

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- 31211
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.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER	7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
2. Name of Operator Amoco Production Company	8. Well No. 225
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 <u>RM</u> : <u>541/660</u> Feet From The <u>West/South</u> Line and <u>647/13</u> Feet From The <u>South/East</u> Line Section <u>34/33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3620.2' 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: Perforate and 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.

RUSU 6/10/91

Perf intervals 4056-4092 w/4SPF using non-expandable gun.

RIH w/PPI pkr @ 2' spacing and acidize new perfs w/5400 gal 20% NEFE HCL.

RDSU 6/14/91

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 6/15/91
TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 713/ 596-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: