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. 30-025-07584

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 WATER INJECTION

2. Name of Operator: Amoco Production Company

8. Well No. 37

3. Address of Operator: P. O. Box 3092 Houston, Tx 77253

9. Pool name or Wildcat: Hobbs Grayburg San Andres

4. Well Location
Unit Letter G : 1980 Feet From The North Line and 2310 Feet From The EAST Line

Section 3 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3616 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☒	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

MI RUSU 5-24-89 TOH W/INJ TBG. TIH W/3-7/8 BIT AND 5 IN Scrapper at 2000. Acidize INJECTION Interval w/3000 gal 20% HCL IN 1 stage using WorkString AND PACKER. flush to bottom. Return to INJECTION. Run INJ Profile Survey to check Conformance
Top Depth 4180'
Bottom Depth 4282'

RD SU 5-26-89

BWO: 319 BWIPD @ 800 PSI

AWO: 400 BWIPD @ 800 PSI

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

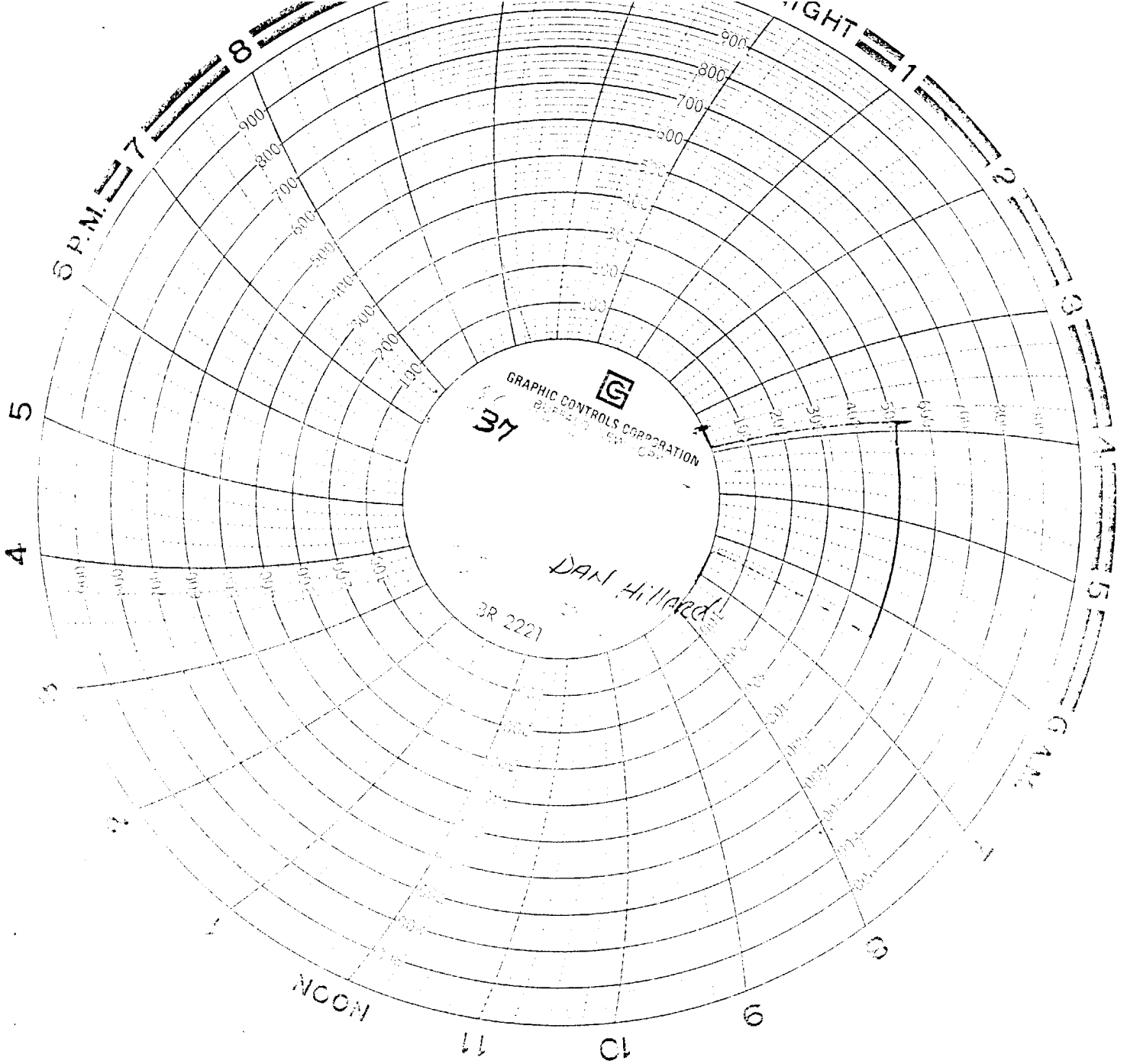
SIGNATURE Blake T. Steele TITLE Admin. Analyst DATE 7-27-89

TYPE OR PRINT NAME BLAKE T. STEELE TELEPHONE NO. 713-584-7322

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE AUG 1 1989

CONDITIONS OF APPROVAL, IF ANY:


GRAPHIC CONTROLS CORPORATION
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