STATE OF NEW MEXICO INERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
SANTA PE		
FILE		
U.S.G.S.	-	
LAND OFFICE		
OPENATOR		

OIL CONSERVATION DIVISION

DISTRIBUTION P. O. BOX 2088	Revised 10-1-23
SANTA FE, NEW MEXICO 87501	Sa. Indicate Type of Lease
U.S.O.S.	State Fee
LAND OFFICE	5. State Oll & Gas Lease No.
OPENATOR	mmmmmm
SUNDRY NOTICES AND REPORTS ON WELLS	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO PRILL OF TO DELPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
on Ones. Injection	
WELL OTHER- INJECTION	8. Farm or Lease Name
Amoco Production Company	South Hobbs (GSA) Unit
Address of Operator	9, Well No.
P. O. Box 68 Hobbs, NM 88240	10. Field and Pool, or Wildcat
of Wall	1 11 11 0
UNIT LETTER G 1980 FEET FROM THE NORTH LINE AND 2310 FEET FROM	
THE East LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NAPPM	
	(//////////////////////////////////////
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea
3615' KB	(1777777)
Check Appropriate Box To Indicate Nature of Notice, Report or Or	her Data T REPORT OF:
NOTICE OF INTENTION TO:	TREPORT OF.
PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
COMMENCE DESLLING OPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB	
PULL OR ALTER CASING OTHER	
OTHER	
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	g estimated date of starting any proposed
work) SEE RULE 1103.	
Propose to increase injectivity by the following method:	
Run sinker bar and tag TD of check for fill. If well clean, run a	gamma ray 109 id in 3 stages
c TD 1- 20001	la ili o soages
and flush with 25 bbls. brine ater after each stage. Return well t	o mgaaram
0+4-NMOCD, H 1-Hou 1-Susp 1-GPM	
is. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
	DATE 3-26-81
THE Meg / title TITLE Assist. Admin. Analyst	DATE
A grand BE	84.640 .440 .4 56 1
Octo. Signed Bi	DATE
APPROVED BY	
CONDITIONS OF APPROVAL, IF ANY	