STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State ☐   Fee ☒

5. 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.
OIL WELL ☐   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator
AMOCO PRODUCTION COMPANY

8. Farm or Lease Name
South Hobbs (GSA) Unit

3. Address of Operator
P. O. Box 68, Hobbs, New Mexico 88240

9. Well No.
35

4. Location of Well

UNIT LETTER ___E___ , ___1980___ FEET FROM THE ___North___ LINE AND ___660___ FEET FROM

THE ___West___ LINE, SECTION ___3___ TOWNSHIP ___19-S___ RANGE ___38-E___ NMPM.

10. Field and Pool, or Wildcat
Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3613' DF

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER __acidize and perform mechanical__ ☒
integrity tests.

17. 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.

MISU 7-20-84. Pressure tested casing with 450 psi for 30 minutes and held OK. Acd open hole with 12 bbls 15% NE HCL and additives. Acd perfs 4204'-4150', 4143'-4132' and 4112'-4107' in 1 ft intervals with 50 gals per ft. Ran packer, seating nipple and tubing and set packer at 3856'. Pressure test to 500 psi for 15 minutes and held OK. MOSU 7-23-84. Well returned to injection.

O+5-NMOCD,H 1-J. R. Barnett, HOU rRm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-BFC, 1- P. Lewis

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

SIGNED _Bonita Coble_   TITLE Administrative Analyst   DATE 7-30-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____   TITLE _____   DATE AUG - 1 1984

CONDITIONS OF APPROVAL, IF ANY: