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SANTA FE	
ALBUQUERQUE	
LAND OFFICE	
OPERATION	

5a. Indicate Type of Lease
State ☐ For ☒

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 TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
Amoco Production Company

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

4. Location of Well
UNIT LETTER J 3300 FEET FROM THE North LINE AND 2310 FEET FROM
THE East LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPLA.

7. Unit Agreement Name

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

9. Well No.
48

10. Field and Pool, or Wildcat
Hobbs - GSA

11. Elevation (Show whether DF, RT, GR, etc.)
3619 DF

12. County
Lea

13. 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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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 1503.

Moved in service unit 5-2-80. Ran 6-1/8" bit. Deepened well to 4235'. Ran tubing and packer. Set tailpipe at 4230'. Spotted 5-1/2 bbl. 20% NE HCL in open hole. Raised and set packer at 3870' and tailpipe at 4050'. Pumped 750 gallons 20% HCL and 400# Benzoic acid flakes in 400 gallons gelled brine and 1000 gallons 20% HCL. Flushed with 60 bbl. lease crude. Pulled packer and ran pumping equipment. Returned well to production. Production after workover in 24 hrs. was 72 BO, 489 BW, and 35 MCF.

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

SIGNED Mark Kester TITLE Assist. Admin. Analyst DATE 6-25-80

Orig. Signed By Jerry Sexton DATE JUN 26 1980

APPROVED BY Dist 1, Supv. TITLE 1-Hou DATE 1-Susp DATE 1-MKE

CONDITIONS OF APPROVAL, IF ANY: 0+4-NMOCD, H