

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- 07593

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name -

South Hobbs (GSA) Unit

8. Well No.

47

9. Pool name or Wildcat

Hobbs Grayburg - San Andres

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 Water Injection Well

2. Name of Operator

Amoco Production Company

3. Address of Operator

P. O. Box 3092, Houston, TX 77253

4. Well Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 3

Township

19-S

Range

38-E

NMPM

Lea

County

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

3619' DF

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: Deepen to 4280' & acidize open hole ☒

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 10/26/90

Clean out fill to 4280'. Acidize open hole w/3500 gallons HCL using rock salt in 3 stages.

RDSU 11/ 5/90

Return to injection

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 1/28/91

TYPE OR PRINT NAME

Kim A. Colvin

713/

TELEPHONE NO. 596-7686

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: