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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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.)

OIL WELL ☐ GAS WELL ☐ OTHER- Injection

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68 Hobbs, NM 88240

Location of Well

UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name

South Hobbs (GSA) Unit

9. Well No.

47

10. Field and Pool, or Wildcat

Hobbs Grayburg

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

3619' DF

12. County

Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

Propose to increase injectivity by the following method:

Pull tubing and packer. Run a retrievable bridge plug and set at 3250' and cap with 15' of sand. Perforate 3150' w/4 SPF. Run tubing and packer and set packer at 3120'. Attempt to pump approximately 170 bbls. of brine water down tubing and circulate to surface behind 7" csg. Pull tubing and packer. Run a 7" cement retainer and set at 3090'. Pump 800 sacks Class 'C' with 18% salt through perfs at 3150' and circulate to surface. Drill out cement and retainer. Run 2-3/8" workstring and packer and set packer at 3965'. Acidize well with 3500 gallons in 3 stages and flush with 25 bbls. of brine ater after each stage. Return to injection.

0+4-NMOCD, H 1-Hou 1-Susp 1-GPM

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

SIGNED

Greg Mitchell

TITLE

Assist. Admin. Analyst

DATE 3-26-81

APPROVED BY

Don J. Hoge

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: