

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-77

3a. 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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ <u>Injection Well</u>	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name <u>South Hobbs (GSA) Unit</u>
3. Address of Operator P. O. BOX 68 HOBBS, NEW MEXICO 88240	9. Well No. <u>58</u>
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.	10. Fold and Pool, or Wildcat <u>Hobbs GSA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3607' DF</u>	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	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 1103.

MIS4 5-30-86 and POH w/ injection equipment. Dumped sand to 4160' and capped w/ 5' of Cal Seal. RIH w/ PPI packer and acidized 4148'-4104' with 700 gals 15% HCL. Ran cement retainer and set at 3,900'. Cement squeezed w/ 200SX cement and reversed out 60SX. WOC. Drilled out to 4150' and pressure tested 1,000 psi for 30 mins. -ok. Drilled out to 4218' and circulated sand out. Perforated 4140'-4150' w/ 4JSDF. RIH w/ PPI Packer and acidized 4216'-10', 4202'-4192', 4190'-77', 4172'-55', and 4150'-40' with 50 gals per 2' interval of 15% HCL acid. Re-ran injection equipment and pressure tested packer to 650 psi. for 30 mins. -ok. Operations completed 6/10/86.

0+5 NMOCD-# 1-JRB 1-FJN 1-CMH

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

SIGNED <u>Charles M. Serrin</u>	TITLE <u>ADMINISTRATIVE ANALYST (SG)</u>	DATE <u>6/11/86</u>
APPROVED BY <u>Eddie W. Seay</u> Oil & Gas Inspector	TITLE _____	DATE <u>JUN 13 1986</u>

CONDITIONS OF APPROVAL, IF ANY: