

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. Unit Agreement Name
3. Name of Operator Amoco Production Company		4. Form or Lease Name South Hobbs Unit
5. Address of Operator P. O. Box 68, Hobbs, New Mexico 88240		6. Well No. 58
7. Location of Well UNIT LEXTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.		8. Field and Pool, or Wildcat Hobbs GSA
9. Elevation (Specify whether DF, RT, GR, etc.)		10. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Deepen

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.

Moved in service unit 3-16-80. Ran 6½" bit and tubing 3990' and circulate hole. Drill to 4218'. Pulled bit and tubing. Ran CNL log from 4218'-3500'. Ran tubing to 4218'. Spotted 175 gallons NE HCL acid. Ran pumping equipment and returned well to production. Production after workover in 24 hours was 80 BO, 69 BW, 27 MCF. GOR: 337.5

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

SIGNED <u>Jerry Sexton</u>	TITLE <u>Asst. Admin. Analyst</u>	DATE <u>4-9-80</u>
Orig. Signed by Jerry Sexton Dist 1, Supv.		
APPROVED BY _____	TITLE _____	DATE <u>APR 10 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		

0+4 NMOC-D-H 1-Hou 1-MKE 1-Susp