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 10-1-78

5a. Indicate Type of Lease: State [ ] Fee [X]

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.)

1. OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator: Amoco Production Company

8. Farm or Lease Name: South Hobbs Unit

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

9. Well No.: 58

4. Location of Well: UNIT LETTER N, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: Hobbs GSA

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

12. County: Lea

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK [X]	PLUG AND ABANDON [ ]		REMEDIAL WORK [ ]	ALTERING CASING [ ]	
TEMPORARILY ABANDON [ ]			COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]	
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]		CASING TEST AND CEMENT JOB [ ]		
OTHER Deepen [X]			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.

Propose to increase production by deepening well to expose additional pay by the following method:

Drill out 30' of formation with 6-3/4" bit to a TD of 4218'. This will expose Upper Zone III. Current plug back depth is 4188'. Run gamma-ray neutron log from 4218' to 3500'. Run tubing to TD. Spot 175 gallons of NE HCL in open hole to wash and soak. Raise bottom of tubing into 8-5/8" casing at 4202' and let acid soak in open hole over night. Run pumping equipment and return well to production.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 2-29-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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