NB. OF COPIES ACCOVED	OIL CONSERVATION DIVISION						
DISTRIBUTION		P. O. BOX 2088				Form C-103	
JANTA FS	SAN	ITA FE, NEW	MEXICO 8	37501	Revised 10-1-7.		
FIL2 U.3.G.3.	-				Su. Indicate Typ	o of Louse	
LANO OFFICE	-				State 🕅	F 00	
OPERATOR	-1				5, State Off & G	as Leasa No.	
	-				A-1212		
SUND	RY NOTICES AND	REPORTS ON	WELLS	ENT RESERVOIR.		<u> IIIIII IIII</u>	
	OTHER. Ir	jection			7, Unit Agreeme	nt Nonie	
. Name of Operator					d. Farm or Leas		
Amoco Production Company					South Hob	bs (GSA) Unit	
Address of Operator					J. Well No.		
P. O. Box 68, Hobbs,	New Mexico &	38240			31		
Location of Well					10. Field and Pooi, or Wridcat		
UNIT LETTER	310	North	LINE AND	990	Hobbs GSA		
Wast					Millill	itttillittille	
West	тонт	OWNSHIP	- J RANGE	JO-L	~.{{}}}}}		
						<u>MMMM</u>	
	15. Eleva	110n (Show whether 3611' GL	DF, RT, GR, e)	12, County Lea		
Check	Appropriate Box	To Indicate N	lature of No	tice, Report or C	ther Data		
	INTENTION TO:	:	I		T REPORT OF	:	
PERFORM REMEDIAL WORK	PLUG	AND ABANDON	REMEDIAL WOR	ік 🗍	ALTE	RING CASING	
			COMMENCE DR	ILLING OPHS.	PLUG	AND ABANDONMENT	
EMPORARILY ABANDON			ļ				
PULL OR ALTER CASING	CHAN	IGE PLANS	CASING TEST A	ND CEMENT JOB			
	CHAN	IGE PLANS	CASING TEST A				

 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1903.

Propose to improve injection conformance by cement squeezing San Andres zone I as follows: Pull tubing and packer. Plug back from TD to 4095' with sand. Set a cement retainer at approx. 4040'. Cement squeeze with 100 sacks class C neat cement followed by 200 sacks class C cement with 5# Tuf-plug per sack. Tail in with 100 sacks class C neat cement. Reverse out excess cement. Drill out cement retainer and cement to 4085'. Set a packer at approx. 4040' and pressure test squeeze. Pull the packer. Drill out remaining cement and clean out sand to 4250'. Run injection packer and tubing. Set packer at approx. 3868'. Return well to injection.

O+4-NMOCD,H 1-	-HOU 1-SUS	Ρ
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13. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

1-CLF

TICHED Cathy o	E. Forman	TITLE _	Assist. Admin. Analyst	DATE	9-24-82
	GINAL SIGNED BY IERRY SEXTON STRICT, J. SUPR.	TITLE		DATE S	EP 27 1982