

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection	7. Unit Agreement Name
Name of Operator Amoco Production Company	8. Farm or Lease Name South Hobbs (GSA) Unit
Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 31
Location of Well UNIT LETTER E, 2310 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-E NMPM.	10. Field and Pool, or Wildcat Hobbs Grayburg
15. Elevation (Show whether DF, RT, GR, etc.)	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 <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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

7. 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 1-29-81. Pulled tubing and packer. Perforated 4022'-4032' and 4050'-4090' with 2/SPF. Ran tubing and packer and set at 3895'. Acidized well with 4500 gallons in 3 stages. Ran packer and 2-3/8" tubing and set packer at 3868'. Returned to injection.

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

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

SIGNED Larry Mitchell TITLE Assist. Admin. Analyst DATE 2-20-81

APPROVED BY Larry Sexton TITLE Dist. In Super DATE 2-20-81

CONDITIONS OF APPROVAL, IF ANY: