

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name (USA) South Hobbs Unit
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 31
4. Location of Well UNIT LETTER <u>E</u> <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>990</u> FEET FROM THE <u>West</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Hobbs Grayburg San Andre
15. Elevation (Show whether DF, RT, GR, etc.)	12. Unit Lea

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

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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 injection by the following method:

Pull tubing and packer. Perf 4022'-4032' and 4050'-4090' with 2 JSPF. Run 2-3/8" tubing and packer at 3900 ft. Acidize well with 4500 gallons in 3 stages. Return well to injection.

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

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

SIGNED Greg Mitchell TITLE Assist. Admin. Analyst DATE 12-5-80
Original Signed by
Les Clements
Oil & Gas Insp.
APPROVED BY _____ TITLE _____ DATE DEC 9 1980
CONDITIONS OF APPROVAL, IF ANY: