

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Ener Minerals and Natural Resources Departmer

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-07599
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Hobbs (GSA) Unit
8. Well No.	34
9. Pool name or Wildcat	Hobbs Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3617' GR

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. Type of Well
OIL WELL ☐ GAS WELL ☐ OTHER ☐ Water Injector

2. Name of Operator
Amoco Production Company (Room 18.110)

3. Address of operator
P.O. Box 3092, Houston, Texas 77253-3092

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line
Section 4 Township 19-S Range 38-E NMPM Lea, NM County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

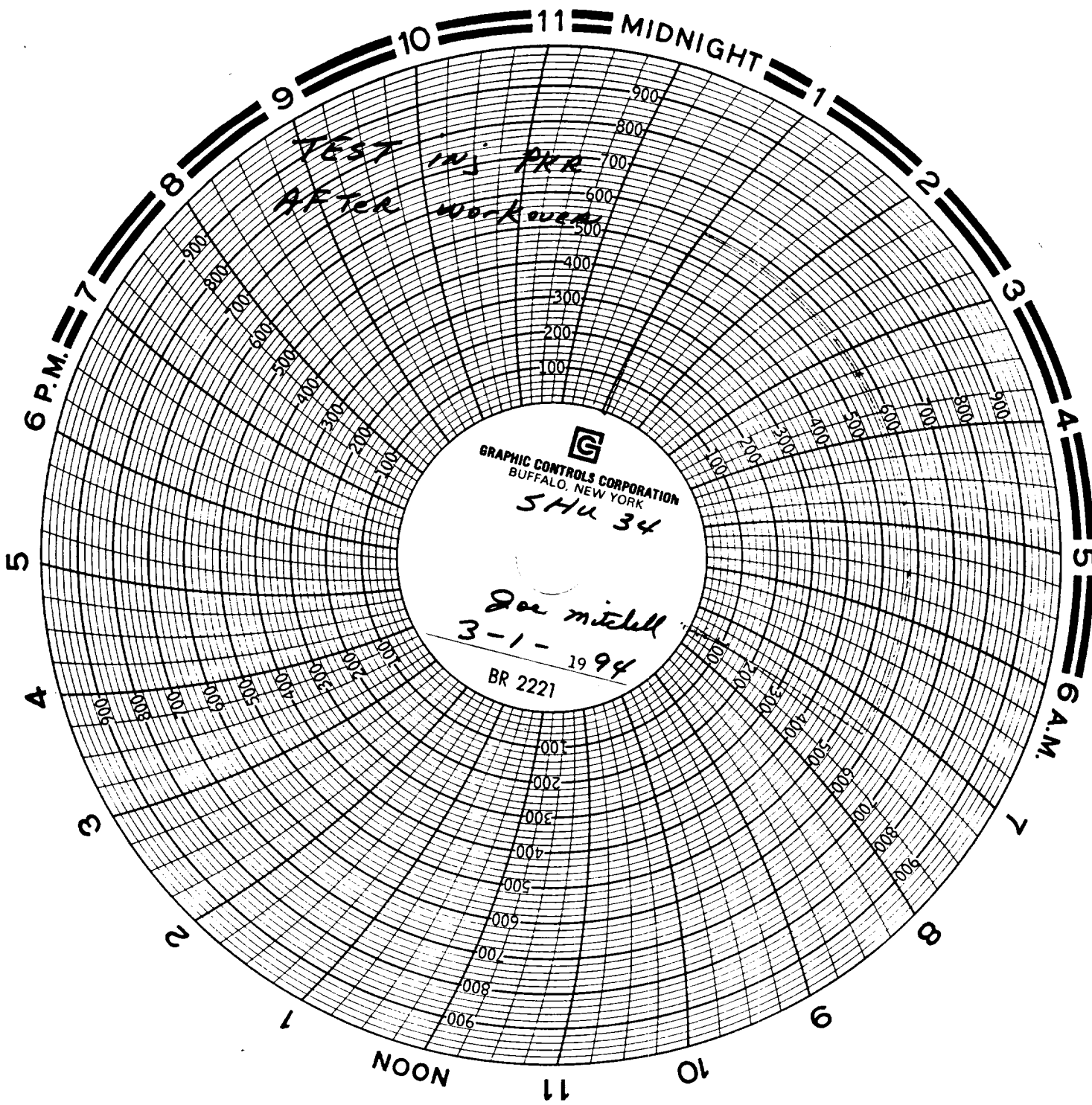
In accordance with Rule 704, the attached pressure test was performed on 3/1/94, evidencing that pressure held at 500 PSI for over 30 minutes. Workover details were submitted on separate form C-103 dated 3-15-94.

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

SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 04-04-94
TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

APPROVED BY [Signature] TITLE Staff Assistant DATE SEP 01 1994
CONDITIONS OF APPROVAL, IF ANY:



TEST IN PRR
AFTER WORKOVER

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
5HU 34

Don Mitchell
3-1-19 94
BR 2221