State of New Mexico

Form C-103 Submit 3 Copies Energy, Munerals and Natural Resources Department **Revised 1-1-89** to Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O.Box 2088 30-025-07599 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE 1 STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) South Hobbs GSA Unit 1. Type of Well WELL OIL Water Injector OTHER 2. Name of Operator 8. Well No. **Amoco Production Company** (Room 18.108) 34 3. Address of operator 9. Pool name or Wildcat P.O. Box 3092, Houston, Texas 77253-3092 Hobbs Grayburg San Andres 4. Well Location 1980 Feet From The Unit Letter North Line and Feet From The Line Section Township 195 38E **NMPM** Range Lea, NM County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3617' GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON **REMEDIAL WORK** ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: 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. 1) MI RUSU 2) POH X INJ PKR 3) RIH X BIT X SCRAPER 4) SET PKR X 4078 PMP DWN CSG TO ESTB INJ RATE 5) CET BIBP X 4078 6) SET PKR X 4000 A) SQ CHANNEL/PERFS 4066-4072 B) SQ X LEAD OF CL C X 2% CACL X 2#/SX TUFF PLUG (200 SXS) C) FOLLOW X 150 SXS CL C CMT X .5-.6% CONTROL FLUID LOSS (D-127 X .2% DEFOAMER) D) VOLUMES X % ARE TO BE DECIDED AT DOWELL TST LOCATION AS NECESSARY. NOT TO BE PUMPED OVER 2 BPM MAX SQ PSI: 2000-2500 PSI 7) WOC 8) TST CSG 9) RIH X INJ EQPT X RETURN WELL TO PROD I hereby certify that the information above is true and complete to the best of my knowledge and belief. Staff Assistant DATE 02-21-94 SIGNATURE TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

APPROVED BY __

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

- TITLE -

FEB 25 1994