ENERGY AND MINERALS DEPARTMENT

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CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease: State [X] 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. OIL WELL [ ] GAS WELL [ ] OTHER- WATER INJECTION

7. Unit Agreement Name

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: South Hobbs (GSA) Unit

3. Address of Operator: P.O. Box 4072, Odessa, Texas 79760

9. Well No.: 43

4. Location of Well: UNIT LETTER K, 1650 FEET FROM THE West LINE AND 2310 FEET FROM THE South LINE, SECTION 4, TOWNSHIP 19-S, RANGE 38-E, NMPM.

10. Field and Pool, or Wildcat: Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.): 3610' DF

12. County: Lea

16. 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 [X]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER [ ]	

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.

MI and RUSU 03-08-88 to acidize well to increase injectivity. Pull injection tubing and packer. Run bit and workstring and tag PBTD at 4190'. Run PPIP and set at 4050' and acidize from 4098-4105', 4122-28', 4132-36', 4139-48', 4152-57', 4160-67', and 4175-80' with 2150 gallons of 20% NE HCl. Run injection packer and tubing and displace hole with packer fluid. Set packer at 3860' and test casing and packer to 540 PSI for 30 minutes and test OK. RD and MOSU 03-13-88 and return well to injection.

IPWO: 850 BWIPD at 332 PSI
IAWO: 2150 BWIPD at 0 PSI

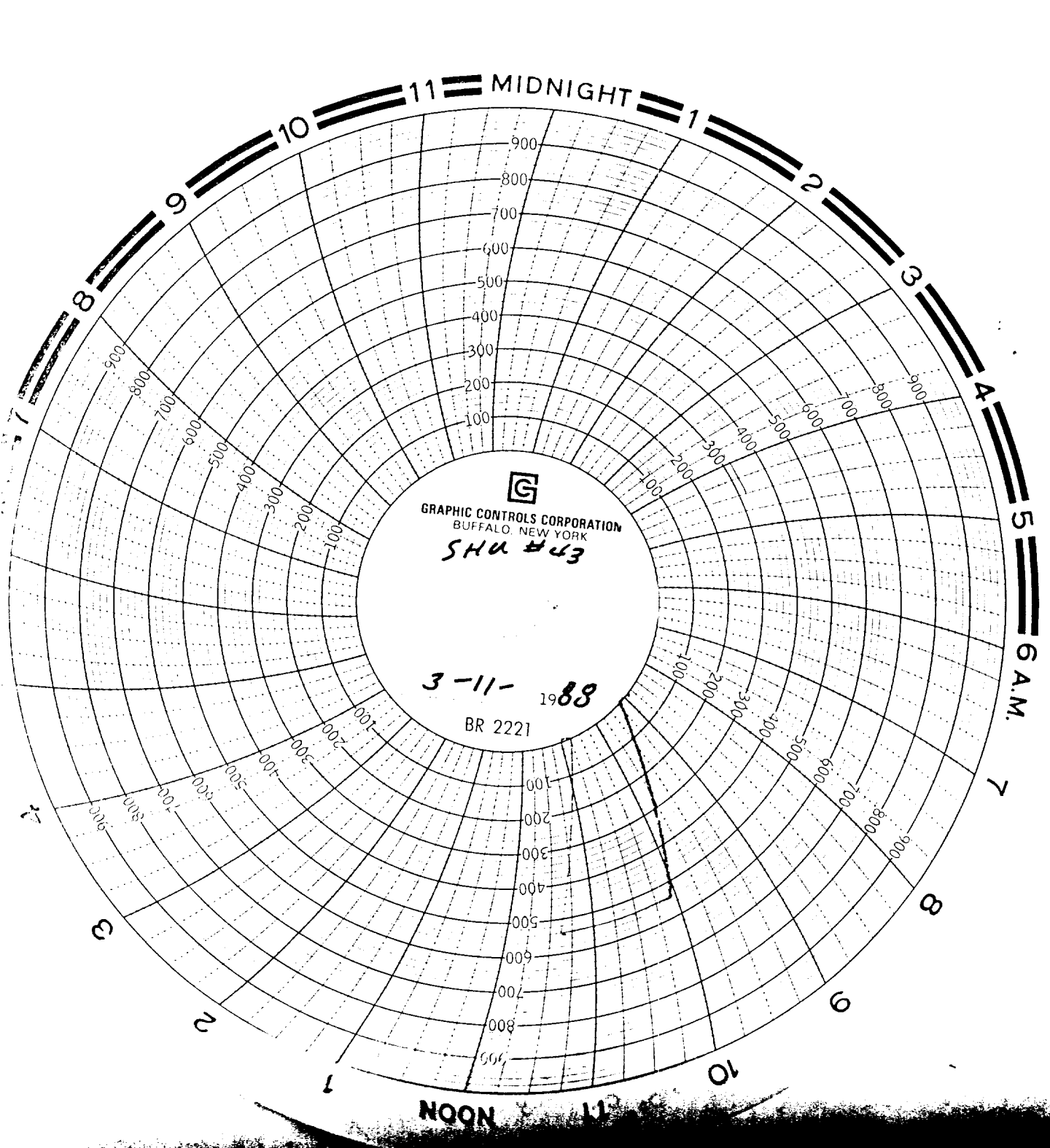
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED O. M. Mitchell TITLE Sr. Admin. Analyst DATE 03-29-88

O. M. Mitchell

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE MAR 31 1988

CONDITIONS OF APPROVAL, IF ANY: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