

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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

5a. Indicate Type of Lease
State ☐ For ☐
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 ☐ GAS WELL ☐ OTHER- Injection

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 68 Hobbs, NM 88240

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.

7. Unit Agreement Name

8. Farm or Lease Name

South Hobbs (GSA) Unit

9. Well No.

43

10. Field and Pool, or Wildcat

Hobbs Grayburg

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

3610' DF

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 ☒

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

2. 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 injectivity by the following method:

Pull tubing and packer. Run 2-3/8" workstring and treating packer and set at 4020'. Run Gamma Ray log from TD to 4000'. Acidize well with 3500 gallons in 3 stages and flush with 25 bbls. of brine water after each stage. Pull workstring and packer. Run injection equipment and return to injection.

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

3. 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 3-26-81

APPROVED BY Don A. Smith
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE MAR