

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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.

30-025-07603

5. Indicate Type of Lease

STATE ☐

FEE ☒

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  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Amoco Production Company

8. Well No.

20

3. Address of Operator

P. O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat

Hobbs Grayburg San Andres

4. Well Location

Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line

Section 3 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)

3621' KB

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.

Rig up 12-6-89. Acidize open hole interval with 1000 gals 20% HCL and acidize perfs 4070'-4204' with 5450 gals 20% HCL using ppi packer @ 4 spacing - 200 gals per setting. Flush to perfs and return well to production 12-12-89.

Before workover: 142 BOPD, 1617 BWPD, 18 MCFD

After workover: 140 BOPD, 1720 BWPD, 20 MCFD

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

SIGNATURE Amelia Hartman

TITLE Assistant Admin. Analyst

DATE 1-16-90

TYPE OR PRINT NAME Amelia Hartman

(713)  
TELEPHONE NO. 584-7442

(This space for State Seal)  
ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JAN 23 1990