

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. A-1212

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CLEAN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 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 68 Hobbs, NM 88240	9. Well No. 45
4. Location of Well UNIT LETTER I, 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-F N.M.P.M.	10. Field and Pool, or Wildcat Hobbs GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3614' 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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

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.

Propose to increase injectivity by the following method:

Acidize well with 8000 gallons of 15% NE HCL and 1250# graded rock salt in 30# gelled brine water in 3 stages. Tag acid with radioactive material. Flush with 20 bbls. fresh water. Return well to injection.

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

SIGNED Les Clements TITLE Asst. Admin. Analyst DATE 7-29-80

APPROVED BY Oil & Gas Insp. TITLE DATE JUN 30 1980
Orig. Signed by
Les Clements

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOCD. H

1-Hou

1-SUSD

1-MKE