Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-07609

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 WATER INJECTION

2. Name of Operator: Amoco Production Company

8. Well No. 56

3. Address of Operator: P.O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat: Hobbs GSA

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line
Section 4 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3611' DF

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: Plug Back	☐			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.

Propose To: Plug Back To 4200' To Re-distribute INJ. INTO ZONES II-III

RUSU x Pull INJ. EQUIP. RIH x Check For Fill. Plug Back w/class C CMT To 4200', WOC + RIH To Check PBTD. RIH INJ EQUIP x RET WELL To INJECTION at Pres. control of 530 PSI x Rate of 950 BWIPD. RUN INJ Profile Survey

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

SIGNATURE B. T. Steele TITLE Admin. Analyst DATE 2-9-89

TYPE OR PRINT NAME B. T. STEELE TELEPHONE NO. 713-584-732

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE FEB 13 1989

CONDITIONS OF APPROVAL, IF ANY: