

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.

30-025-07610

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.)

1. Type of Well:

OIL ☐

GAS ☐

OTHER WATER INJECTION

2. Name of Operator

Amoco Production Company

3. Address of Operator

P.O. Box 3092 Houston Tx 77253

8. Well No.

32

9. Pool name or Wildcat

Hobbs GSA

4. Well Location

Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 4

Township 19-S

Range 38-E

NMPM

LEA

County

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

3614' 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: Plug Back ☐

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.

Propose To: Plug Back To 4225' To Re-Distribute INJECTION
INTO ZONES II-III

RUSH x Pull INS. TBG. x PACKER. RIH AND check For Fill
Plug Back with Class C CMT TO 4225' using Dump
Bailer. WOC x RIH TO check PBTD.
RIH W/INS. EQUIP x RET TO INJ. PSI 250 x 2000
BWIPD RATE.

RUN INS Profile Survey when STABILIZED.
COMMENCE operations Approx: TWO WEEKS

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

BLAKE T. STEELE

TELEPHONE NO. 765-584-732

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

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 13 1989