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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

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

|                                                                                                                                                                                                                                  |                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|
| <p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.)</p> |                                 |  |
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                                                 | 7. Unit Agreement Name          |  |
| 2. Name of Operator                                                                                                                                                                                                              | SOUTH HOBBS (GSA) UNIT          |  |
| 3. Address of Operator                                                                                                                                                                                                           | 8. Name of Lease Name           |  |
| P.O. DRAWER A, LEVELLAND, TEXAS 79336                                                                                                                                                                                            | SOUTH HOBBS (GSA) UNIT          |  |
| 4. Location of Well                                                                                                                                                                                                              | 9. Well No.                     |  |
| UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM                                                                                                                                       | <u>32</u>                       |  |
| THE <u>WEST</u> LINE, SECTION <u>4</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> N.M.P.M.                                                                                                                                           | 10. Field and Pool, or Wellbore |  |
|                                                                                                                                                                                                                                  | <u>HOBBS GSA</u>                |  |
| 15. Elevation (Show whether DF, RT, CR, etc.)                                                                                                                                                                                    | 12. County                      |  |
| <u>3614' R.D.B</u>                                                                                                                                                                                                               | <u>LEA</u>                      |  |

|                                                                                                                                                                                                 |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data                                                                                                                    |                                                                                                                             |
| NOTICE OF INTENTION TO:                                                                                                                                                                         | SUBSEQUENT REPORT OF:                                                                                                       |
| PERFORM REMEDIAL WORK <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/><br>OTHER <input type="checkbox"/>               | PLUG AND ABANDON <input type="checkbox"/><br>CHANGE PLANS <input type="checkbox"/><br>OTHER <input type="checkbox"/>        |
| REMEDIAL WORK <input checked="" type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/><br>CASING TEST AND CEMENT JOBS <input type="checkbox"/><br>OTHER <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/><br>PLUG AND ABANDONMENT <input type="checkbox"/><br>OTHER <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.

In an effort to increase production, acidized perfs. 4120'-30', 38'-48', 54'-72', 79'-98' with 5000 gal 15% NE acid containing 5 gal LSTNE 30 and 5 gal NM-6 and 10 lb. Wellaid 211 and 3 lb. LST-6. Evaluated and restored to production.

Prod. Prior to WO - 28 BO x 19 BW 24 hrs.

Prod. After WO - 41 BO x 52 BW x 566 MCF 24 hrs.

OC - 3-17-77  
Comp - 3-30-77.

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

|                                |                                       |                     |
|--------------------------------|---------------------------------------|---------------------|
| SIGNED <u>Ray W. Cox</u>       | TITLE <u>Administrative Assistant</u> | DATE <u>4-11-77</u> |
| OF 2-NMCC-H                    | Orig. Signed by <u>Jerry Sexton</u>   |                     |
| 1-Div.                         | Dist 1, Super                         |                     |
| APPROVED BY <u>1-SUSP</u>      |                                       |                     |
| CONDITIONS OF APPROVAL, IF ANY |                                       |                     |
| <u>1-R</u>                     |                                       |                     |

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