

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

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-076111
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-1212-1
7. Lease Name or Unit Agreement Name	South Hobbs (GSA) Unit
8. Well No.	55
9. Pool name or Wildcat	Hobbs Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3614' KB

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 WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Water Injector	2. Name of Operator Amoco Production Company (Room 18.108)
3. Address of operator P.O. Box 3092, Houston, Texas 77253-3092	4. Well Location Unit Letter O : 1980 Feet From The East Line and 660 Feet From The South Line Section 4 Township 19-S Range 38-E NMPM Lea, NM County
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: Test Injection Packer After Workover ☒

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.

In accordance with Rule 704, the attached pressure test was performed on 2/21/94, evidencing that pressure held at 500 PSI for over 30 minutes.

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

SIGNATURE Devina Prince TITLE Staff Assistant DATE 03-15-94  
TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 23 1994  
CONDITIONS OF APPROVAL, IF ANY:

TCR

