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LAND OFFICE	
OPERATOR	

34. Indicate Type of Lease
State ☐ Fee ☒
3. 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 SITES TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER: <u>Water Injection</u>	7. Unit Agreement Name
2. Name of Operator <u>AMOCO PRODUCTION COMPANY</u>	8. Form or Lease Name <u>South Hobbs (GSA) Unit</u>
3. Address of Operator <u>P. O. BOX 3092; HOUSTON, TEXAS 77253</u>	9. Well No. <u>53</u>
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM 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 Wildcat <u>Hobbs GSA</u>
11. Elevation (Show whether DF, RT, GR, etc.) <u>3604' DF</u>	12. County <u>Lea</u>

10. 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 OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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 1702.

MI and RUSU 8-31-88 and pull injection tubing and packer.
Run dump bailer and plug back to 4177' with 1 1/2 sacks of Class
C cement. Run injection packer and tubing and displace hole
with packer fluid. Set packer at 3903' and test to 520 psi for
30 minutes. RD and MOSU 9-1-88 and return well to injection.
IPWO: 2488 BWIPD at 610 psi.
IAWO: 2470 BWIPD at 700 psi.

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

Signed Maurice Mitchell Title Sr. Admin. Analyst Date 10-6-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: