

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO. <u>30 02507614</u>
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 WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name <u>SOUTH Hobbs (GSA) UNIT</u>
2. Name of Operator <u>Amoco Production Company</u>	8. Well No. <u>14</u>
3. Address of Operator <u>P.O. Box 3092 Houston Tx 77253</u>	9. Pool name or Wildcat <u>Hobbs GSA</u>
4. Well Location Unit Letter <u>B</u> : <u>334</u> Feet From The <u>North</u> Line and <u>2317</u> Feet From The <u>EAST</u> Line Section <u>5</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3626' DF</u>	

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: ☐

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.

Acidize Gross Intervals 4062-4180 with 7350 gallons
20% NE HCL USING PPI PACKER @ 4 FT spacing. Flush
with 30 BBL WATER. Return to Production

BWD 214 BBL OIL, 2213 BBL WATER

AWO 242 BBL OIL, 2502 BBL WATER

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

SIGNATURE Blake T. Steele TITLE Admin Analyst DATE 5-1-89

TYPE OR PRINT NAME BLAKE T. STEELE TELEPHONE NO. (713) 584-7322

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAY 4 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY - 3 1984

OCD
HOBBS OFFICE