

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1-77

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State ☐ Fee ☒
3. State Oil & Gas Lease No.

SUNDARY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REDEVELOP OR PLUG SITES TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

1. ON WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Name of Lease Name South Hobbs (GSA) Unit
3. Address of Operator P. O. BOX 3092; HOUSTON, TEXAS 77253	9. Well No. 14
4. Location of Well 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> N.M.P.M.	10. Field and Pool, or Whence Hobbs GSA
11. Elevation (Show whether DF, RT, GR, etc.) 3626' DF	12. County Lea

13. 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 1703.

MD and RUSU 9-14-88 and pull production tubing and ESP. Run bit and tag at 4189'. Run PPWP set on 4 foot spacing and acidize from 4066-62, 4082-92, 4096-4180 with 7350 gallons of 20% NEHCl. Run ESP and production tubing and land pump at 4025'. RD and MOSU 9-15-88 and return well to production.

PPWO: 214 BOPD, 2213 BWPD, 0 MCFD
PAWO: 242 BOPD, 2502 BWPD, 0 MCFD

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 10-20-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: