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U.S.G.S.	
LAND OFFICE	
OPERATOR	

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL GAS WELL OTHER- Water Injection

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P.O. Box 4072, Odessa, Texas 79760

4. Location of Well
UNIT LETTER G 1985 FEET FROM THE North LINE AND 1988 FEET FROM
THE East LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3634' KB

7. Unit Agreement Name

8. Farm or Lease Name
South Hobbs (GSA) Unit

9. Well No.
29

10. Field and Pool, or Wildcat
Hobbs GSA

12. County
Lea

10. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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 1703.

MI and RUSU 04-07-88 to acidize well to increase injectivity. Pull injection tubing and packer. Run packer and workstring and set packer at 4050'. Acidize perforations from 4106 to 4190 and open hole from 4200 to 4220 with 7800 gallons of 20% NE HCl. Run injection packer and tubing and displace hole with packer fluid. Set packer at 4017' and test casing and packer to 570 PSI for 30 minutes and test OK. RD and MOSU 04-11-88 and return well to injection.

IPWO: 1780 BWIPD at 690 PSI
IAWO: 2460 BWIPD at 0 PSI

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.
A. M. Mitchell Sr. Admin. Analyst DATE 04-22-88

APR 27 1988
ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT SUPERVISOR TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: