

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

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO.

30-025-07629

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.)

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

1. Type of Well

OIL WELL ☒

GAS WELL ☐

OTHER

2. Name of Operator

Amoco Production Company (Rm 17.182)

8. Well No.

18

3. Address of operator

P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat

Hobbs (Grayburg - San Andres)

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980' Feet From The East Line

Section 4 Township 19S Range 38E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3628' RDB

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: Acidize ☒

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.

MIRUSU (2/25/93) POH X RIH X BIT X SCRAPER X TAG 4231' X POH X ACD X 20% NE HCL X 3 STAGES (1800 GALS X 400# SALT X 1800 GALS X 600# SALT X 2400 GALS X FLUSH) X POH X PKR X RIH X ESP EQPT X WELL PUMP UP IN 7 MINUTES X 75 PSI

RDMOSU (2/26/93) AND RETURN TO PRODUCTION.

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

SIGNATURE

*Devina M. Prince*

TITLE

Staff Assistant

DATE 03-04-93

TYPE OR PRINT NAME

Devina M. Prince

TELEPHONE NO. (713) 596-7686

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 15 1993