STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-7

5a. Indicate Type of Lease
State ☐ Fee ☒

5. 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. OIL WELL ☐ GAS WELL ☐ OTHER- Injection

7. Unit Agreement Name

2. Name of Operator
AMOCO PRODUCTION COMPANY

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

3. Address of Operator
P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. Well No.
27

4. Location of Well
UNIT LETTER E . 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E NMPM

10. Field and Pool, or Wildcat
Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3629' DF

12. County
Lea

16. 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	☐			COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	CHANGE PLANS	☐	CASING TEST AND CEMENT JOB	☐		
OTHER	☐			OTHER	☐		

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 1103.

Propose to cement squeeze, drillout, reperf, and acidize as follows:
MIRU. RIH with cement retainer and set at 3900'. Squeeze with 150SX of class C with 4#/SX Tuff Plug and tail-in with 100SX of Class C Neat. Pull tubing and WOC. Drill out cement and retainer to 4188'. Pressure test to 1000 psi and resqueeze if necessary. Perforate 4097-4113', 4133-56', 4166'-72', 4176-80' with 4 JSPF. RIH with pin point injection packer and workstring. Acidize the above perfs in 2 foot intervals with 200gals 15% NEHCl acid. POH and re-run original injection equipment. Set packer at 3808'. Return well to injection.

OTS NMOCD,H 1-JRB 1-FSN 1-CMH

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

SIGNED Charles M. Herring TITLE Administrative Analyst (SG) DATE 10/22/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 24 1985

CONDITIONS OF APPROVAL, IF ANY: