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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State [ ] Fee [X]

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
South Hobbs GSA Unit

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, NM 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

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 Convent to Injection	[X]			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 convert to injection per the following procedure:
Drill out to approx. 4215'. Run tubing packer, and tailpipe. Acidize with 7500 gal. 15% NEHCL acid. Pull tubing and packer. Run injection packer an plastic coated tubing. Packer will be set at approx. 3800'. Rig up surfac equipment. Starting injection pressure not to exceed 1000 psi.

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

SIGNED B D Laws TITLE Asst. Admin. Analyst DATE 3-20-80

APPROVED BY Orig. Signed by Jerry Sexton Dist. I, Supv. TITLE DATE MAR

CONDITIONS OF APPROVAL, IF ANY:
0+4 NMOCD-H 1-HOU 1-Susp 1-BD