

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.

SUNDARY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPERM OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	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, NM 88240	9. Unit No. 51
4. Location of well UNIT LETTER N 990 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E N.M.P.M.	10. Field and Pool, or Annual Hobbs (GSA)
11. Elevation (Show whether DF, RT, CR, etc.)	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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

13. Describe Process or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Moved in service unit on 5-5-83. Kill well with 75 bbl., Produced water and pull rods and pump. Install blow out preventer and pull 2-7/8" tubing. Ran retrievable bridge plug (RBP), seating nipple, tubing and set RBP at 4060'. Pulled tubing to 4009'. Ran rods, pump and hung well on. Load and test to 500 psi. Ok. Move out service unit 5-9-83 and return well to production.

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

SIGNED Peter J. Sena TITLE Asst. Adm. Analyst DATE 6-1-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 3 1983

CONDITIONS OF APPROVAL, IF ANY: