

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-

3a. 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- <u>Injection</u>	7. Unit Agreement Name
2. Name of Operator <u>Amoco Production Company</u>	8. Farm or Lease Name <u>South Hobbs (GSA) Unit</u>
3. Address of Operator <u>P.O. Box 68, Hobbs NM 88240</u>	9. Well No. <u>39</u>
4. Location of Well UNIT LETTER <u>L</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Hobbs GSA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3631' KB</u>	12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Conversion to injection PMX-132 ☒

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.

POH with production equipment. RIH with cmt retainer, set at 3856'. Pumped 50 sacks class 'C' cmt w/4# per sack tuff plug and 2% CaCl and 50 sacks class 'C' with 2% CaCl. Reversed out 36 sacks and POH. Drilled out to 4030' and tested squeeze to 1000 psi, tested OK. Drilled out CIBP at 4035. Drilled out cmt to 4240' and fell out. Displaced hole with clean fresh water. Keyed 4186-4208' and 4212-4246' w/4 JSF using a 3 1/8" gun. RIH with PPI per and acidized each individual ft. of perfs 4186-4208, 4212-46 with 75 gals 15% NE HCl per ft. RIH with injection equipment, per set at 3857'. Commenced injection 1000 BWIPD XTP-VA2.
015 NM00D, H 1-TRB 1-FIN 1-GCC 1-TEX 1-Sun 1-SHOP 1-PL 2-Arco

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

SIGNED Mary C. Clark TITLE Asst. Admin. Analyst DATE 1-7-85
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
APPROVED BY _____ TITLE _____ DATE JAN - 9 1985
CONDITIONS OF APPROVAL, IF ANY: