

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Geology, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-07639

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
A-1646

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

8. Well No.
113

9. Pool name or Wildcat
Hobbs Grayburg-San Andres

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. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator
Amoco Production Company

3. Address of Operator
P. O. Box 3092, Houston, TX 77253-3092 (Rm 17.182)

4. Well Location

Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line

Section 6 Township 19S Range 38E NMPM Lea, NM Country

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3625.0 GL

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: ☒ Workover/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.

12/3/92 RIG UP PMP TRUCK X ACD X 3000 GAL 20% X 150 GAL ASOL G-15 X 6 GAL WA-211 X 6 GAL WA-212 X FLUSH X MAX TRTP 2400
X AVG TRTP 2280 X AIR 2.6 BPM X 10 MIN 990 PSI X SHUT IN X 1 HR X RETURN TO INJECTION 12/3/92.

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 12-29-92

TYPE OR PRINT NAME Devina M. Prince

TELEPHONE NO. 713/596-7686

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN - 6 1993

CONDITIONS OF APPROVAL, IF ANY: