Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO.
03-025-07649

5. Indicate Type of Lease STATE XX FEE

6. State Oil & Gas Lease No.
40974-A

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.)

7. Lease Name or Unit Agreement Name
South Hobbs (GSA) Unit

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER Injection

2. Name of Operator
Amoco Production Company

8. Well No.
8

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

9. Pool name or Wildcat
Hobbs (GSA)

4. Well Location
Unit Letter D : 330' Feet From The North Line and 933.2 Feet From The West Line

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

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3656 RDB

11. 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 OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Workover/Acidize	[XX]		

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.

MI PMP TRUCK 12/4/92 X ACD X 2000 GAL 20% X 100 GAS ASOL G-15 X 4 GAL WA 211 X 4 GAL WA 212 X FLUSH AND MA X TRTP 2490 X AVG TRTP 2470 X AIR 2 BPM X ISIP 2250 X SI X 1 HR X RETURN TO INJECTION 12/4/92.

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: