

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-183
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.	30-025-07651
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	A 1469
7. Lease Name or Unit Agreement Name -	South Hobbs (GSA) Unit
8. Well No.	80
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 ☐	
2. Name of Operator Amoco Production Company	
3. Address of Operator P. O. Box 3092, Houston, TX 77253	
4. Well Location Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>8</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3602' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data.	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Temporarily Abandoned ☒

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.

RUSU 9/4/91
Set CIBP @ 4095' & pressure tested to 540 PSI for 30 min. - OK
(Refer to attached chart).
Dumped 2 sx sand on top of CIBP & displaced csg & pkr fluid. Layed down 115 joints of
tbg X left 16 joints of tbg in well for kill string.
Well T&A'd
RDSU 9/6/91

This Approval of Temporary
Abandonment Expires 10-1-96

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 9/18/91
TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 713/ 596-7686

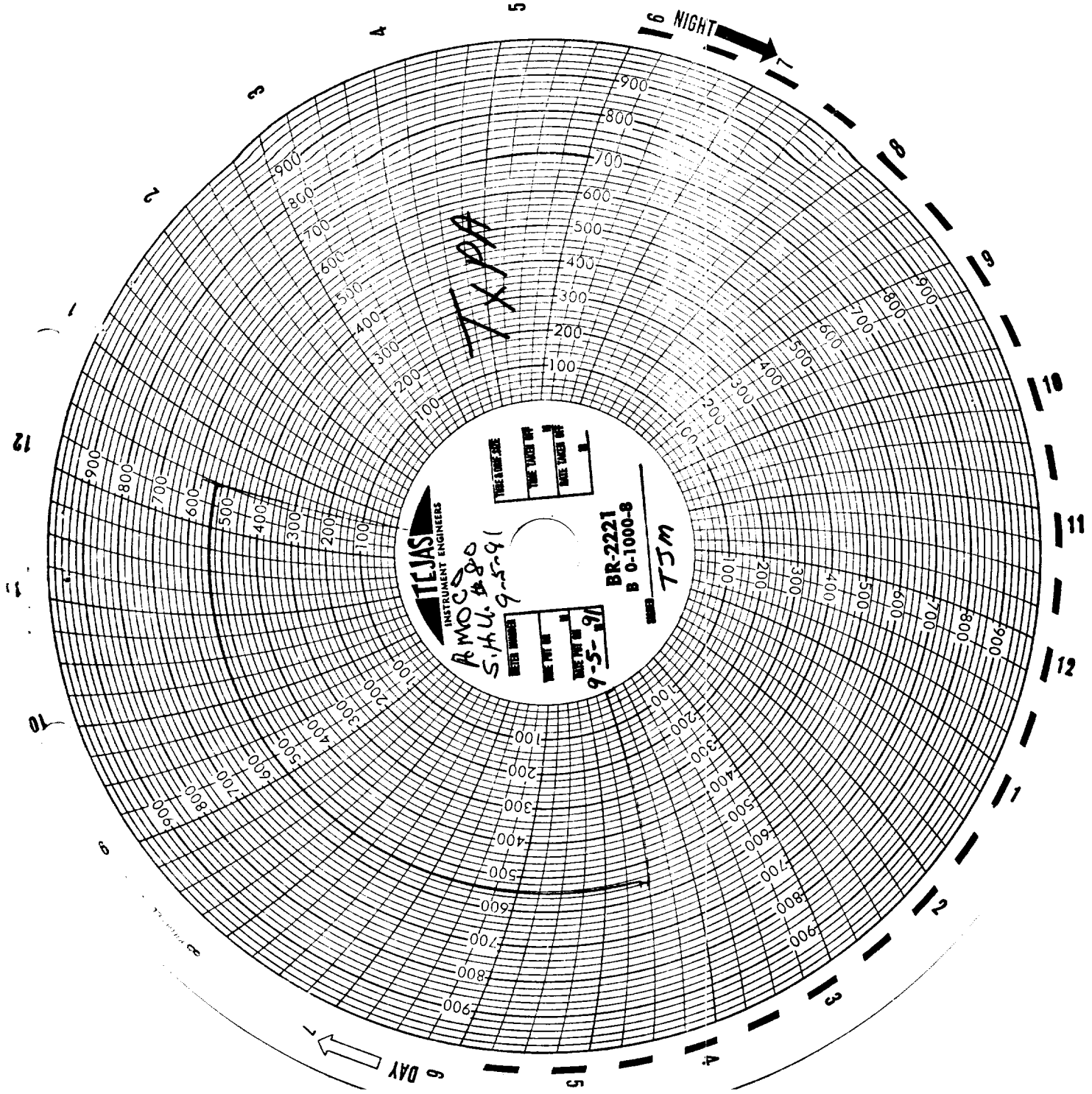
(This space for State Use)

APPROVED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



*A. A. O'Flaherty Service
Gentleman*

RECEIVED

SEP 23 1991

HOBBS OFFICE