

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

4. Indicate Type of Lease
State ☒ For ☐

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☐ OTHER- Injection

Name of Operator
Amoco Production Company

Address of Operator
P. O. Box 68 Hobbs, NM 88240

Location of Well
UNIT LETTER A 205 FEET FROM THE North LINE AND 205 FEET FROM
THE East LINE, SECTION 9 TOWNSHIP 19-S RANGE 38-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease No. (y3a)
South Hobbs Unit

9. Well No.
65

10. Field and Pool or Wildcat
Grayburg San Andres

11. County
Lea

15. Elevation (Show whether DF, RT, GR, etc.)

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 ☐

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.

Propose to increase injection by the following method: Pull tubing and packer. Run CIBP and set at 3950'. Perf free point at approximately 3700' w/4 DPJSPF. Run cement retainer and set at 3650'. Cement w/400 SXS of Class "C" cement. Run bit and drill out retainer. Acidize w/approximately 3000 gallons. Pull tubing and packer. Run injection equipment and set packer at 3865'. Return well to injection.

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

SIGNED Greg Mitchell TITLE Assist. Admin. Analyst DATE 11-10-80

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOCD, H 1-Hou 1-Susp 1-GPM