

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. 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-1011 FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Injection	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Name of Lease Unit South Hobbs Unit
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 63
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 19-S RANGE 38-E N.M.P.M.	10. Field and Port, or Wildcat Hobbs Grayburg San Andre
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

16.

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

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

Propose to increase injection by the following method:

Pull tubing and packer. Run retrievable bridge plug and set at 3900 ft.
Perf 3815 with 4 SPF. Set packer at 3600 ft. CMT casing with approx. 1600 sacks
cement. Acidize well with 1200 gallons. Return well to injection.

THE OIL CONSERVATION DIVISION
24 HOURS TELEPHONE SERVICE

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

SIGNED Aug Mitchell TITLE Assist. Admin. Analyst DATE 12-5-80

APPROVED BY Orig. Signed by TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0+4-NMOC H

1-Hou

1-Susp

1-GPM