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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
South Hobbs (GSA) Unit	
8. Farm or Lease Name	
South Hobbs (GSA) Unit	
9. Well No.	
83	
10. Field and Pool, or Wildcat	
Hobbs, GSA	
11. County	
Lea	

**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. (SEE MAPPELATION FOR PERMIT LOT FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator  
Amoco Production Company

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

4. Location of Well  
UNIT LETTER J 19-S 3300 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 9 TOWNSHIP 19-S RANGE 38-E NEPA.

15. Elevation (Show whether DF, RT, GR, etc.)  
3600 DF

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"/>	OTHER <input type="checkbox"/>

16. Description of 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 expose new pay in San Andres Zone I and Zone II. The well will be acidized with approximately 3000 gallons of 15% NE-HCL. Acid will be pumped in 3 stages with each stage separated by 100# mothballs to divert the acid. Well will be returned to production to test new pay. A Gamma-trol survey will be run to assure all pay has been treated.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 6-23-79

APPROVED BY Jerry Sexton TITLE Dist 1, Supv. DATE JUN 22 1979

CONDITIONS OF APPROVAL, IF ANY

**RECEIVED**  
**JUN 22 1979**  
**OIL CONSERVATION COMM.**  
**HOBBS, N. M.**