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3a. Indicate Type of Lease
State ☒ Fee ☐
3. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REDEVELOP OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.	
1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER: Water Injection	7. Unit Agreement Number
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Form of Lease Name South Hobbs (GSA) Unit
3. Address of Operator P.O. Box 3092, Houston Texas 77253	9. Well No. 64
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 9 TOWNSHIP 19-S RANGE 38-E N.M.P.M.	10. Field and Pool, or Wildcat Hobbs GSA
11. Elevation (Show whether DP, RT, GR, etc.) 3605' GR	12. County Lea

13. 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 OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER ☐	

14. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

MI and RUSU 6/30/88 to acidize all perforations. Pull injection packer and tubing. Run bit and tag PBTD at 4190'. Run PPIP set on 2 foot spacing and acidize from 4137'-43', 4148'-51', 4165'-71', 4177'-80', 4182'-87 with 2000 gallons of 20% NE HCl. Run injection packer and tubing and displace hole with packer fluid. Set packer at 4004' and test to 580' psi for 30 minutes and test O.K. RD and MOSU 7/5/88 and return well to injection.

IPWO: 330 BWIPD at 720 psi
IAWO: 930 BWIPD at 110 psi

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

SIGNED Steven J. Kuehler TITLE Sr. Admin. Analyst DATE 7/26/88
STEVEN J. KUEHLER
APPROVED BY _____ TITLE _____ DATE AUG 04 '88
CONDITIONS OF APPROVAL, IF ANY: