STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		
OIL CONSERVATION DIVISION		
DISTRIBUTION P. O. BOX 2088	Form C-103	
SANTA FE, NEW MEXICO 87501	Revised 10-1-75	
FILE	Su. Indicate Type of Leuse	
U.3.0.5.	State X Fuo	
LAND OFFICE		
07thAT0A	S. State Off & Gas Lease No.	
	A-1212	
SUNDRY NOTICES AND REPORTS ON WELLS 100 Hot use this form for prophosals to drill or to defpen of plug sack to a different reservoir. 132 "Application for permit -" from Chois for nucl proposals.)		
1.	7. Unit Agreement Name	
2. Name of Operator	J. Farm or Lease Nume	
Amoco Production Company	South Hobbs (GSA) Unit	
J. Address of Operator	9. Well No.	
P. O. Box 68, Hobbs, NM 88240	64	
P. O. Box 68, Hobbs, NM 88240	10. Field and Pool, or Wildcat	
UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM	TUDDS GSA	
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THE East LINE, SECTION 9 TOWNSHIP 19-S RANGE 38-E NMPM.	(11111/1/1/1/1/1/1/A	
	WITTUTT	
()))))))))))))))))))))))))))))))))))))	12. County	
3605' DF	Lea	
Check Appropriate Box To Indicate Nature of Notice, Report or Otl	er Data	
	REPORT OF:	
PERFORM REMEDIAL WORK	ALTERING CASING	
TEMPOBARILY ABANDON COMMENCE DRILLING OPHS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	FLOG AND ADARDONMENT	
OTHER	· []	
OTHER	L	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give portinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to increase production by acidizing as follows: Pull rods and pump. Tag TD at .4220' with tubing. Pull tubing. Run a treating packer on tubing and set at 3960'. Run gamma ray-temp. base log from TD to 3960'. Acidize well at a rate of 3-5 BPM as follows: (a) Pump 3000 gal. of 2% HCL acid; (b) flush to perfs with brine water; (c) Run gamma ray-temp survey; (d) pump 400 lbs of graded rock salt with 200 lbs 100 mesh salt in 350 gals. of 30# gelled brine; (e) Repeat steps (a) thru (d); (f) pump 3000 gal. of 20% HCL; and (g) Pull packer and tubing. Return well to production. After the load has been recovered perform a scale squeeze.

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UT4-MMUCD,	н	

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1-Susp 1-CLF

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

SIGNED Cathy L. Forman	TITLE	Assist. Admin. Analyst	DATE	12-21-81
	TITLE	•	DATE	· · · · · · · · · · · · · · · · · · ·
CONDITIONS OF APPROVAL, IF ANY:				