STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: A-1212

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-101) FOR SUCH PROPOSALS.)

OIL WELL [ ] GAS WELL [ ] OTHER- Injection

7. Unit Agreement Name:

Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: South Hobbs (GSA) Unit

Address of Operator: P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. Well No.: 66

Location of Well: UNIT LETTER D, 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 10 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.): 3602' GL

12. County: Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
FORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
PORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
L OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
		OTHER Acidize Well.	[X]
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.

MISU 6-21-85 and POH w/ inj equipment. RIH w/ PPI pkr to 4000'. Dropped RFC and Standing valves. Tested pkr - OK. Ran tbg to 4225' and acidized 4225'-4130' w/ 200 gal 15% NE HCL per 4' interval. Flushed w/ 18 BW. POH w/ tbg and pkr. RIH w/ pkr, 2 3/8" SN, and 2 3/8" tbg to 3997'. Disp csg w/ 110 bbl pkr fluid and set pkr. Pis tested to 500 psi for 30 min - OK. MOSU 6-25-85. Returned well to inj 6-26-85.

IPWO: 346 BWIPD at 175 psi

IAWO: 965 BWIPD on vac

OTS NMOCD-H, 1-JRB, 1-FJN, 1-NLG

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

SIGNED Mari L. Archer TITLE Administrative Analyst DATE 4 July 1985

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE JUL - 9 1985

CONDITIONS OF APPROVAL, IF ANY: