

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

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

Form C-103  
Revised 10-1-73

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 OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator  
Amoco Production Company

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

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.

7. Unit Agreement Name

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

9. Well No.  
66

10. Field and Pool, or Wildcat  
Hobbs GSA

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

12. County  
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. 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.

Moved in service unit 3-3-81. Ran workstring with packer and set packer at 3713'. Ran base gamma ray and temperature survey. Acidized well with 4800 gallons 15% NE HCL acid and tagged with RA Iodine 131 in 3 equal stages. Flushed with brine water. Pulled tubing and packer. Installed equipment and returned to production.

0+4-NMOCD, H 1-Hou 1-Susp 1-GPM

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

SIGNED Greg Mitchell TITLE Assist. Admin. Analyst DATE 3-27-81

APPROVED BY [Signature] TITLE [Signature] DATE APR 1 1981

CONDITIONS OF APPROVAL, IF ANY: