STATE OF NEW MEXICO	<u> </u>		
ENERGY AND MINERALS DEPARTMENT	Form C-103 Revised 10-1-73		
FILE U.S.O.S. LAND OF FICE OPERATOR			Sa. Indicate Type of Leuse State Fee State S. State Oil & Gas Leuse No.
USE "APPLICATION	NOTICES AND REPORTS ON SALS TO DAILL OR TO DEEPEN OF PLUG FOR PLANIT - " (FORM C-101) FOR SL		
1. 01L GAS WELL WELL	orman Injection		7. Unit Agreement Name
Amoco Production Comp	8. Farm or Lease Name South Hobbs (GSA) Unit		
P. O. Box 68 Hobb	9. Well No. 67		
«. Location of Well UNIT LETTER 66	10. Field and Pool, or Wildcat Hobbs GSA		
THE West LINE, SECTION.			
	12. County Lea		
Check Ap NOTICE OF INT		Nature of Notice, Report or Ot SUBSEQUEN	her Data I REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK X	ALTERING CASING
01 HL R	· · · · · · · · · · · · · · · · · · ·	07HER	[
17. Describe Proposed or Completed Opera	itions (Clearly state all pertinent de	tails, and give pertinent dates, including	estimated date of starting any proposed

work) SEE RULE 1103.

Well was acidized 8-18-80 by the following procedure:

First stage pumped 600# graded rock salt in 400 gallons 30# gelled brine. Pumped 2000 gallons NE acid and flushed with 26 bbls. saturated brine. Second stage pumped 300# graded rock salt in 400 gallons 30# gelled brine. Pumped 3000 gallons 15% NE acid and flushed with 25 bbls. saturated brine. Third stage pumped 350# graded rock salt in 400 gallons 30# gelled brine. Pumped 3000 gallons 15% NE acid and flushed with 25 bbls. saturated brine. Third stage pumped 350# graded rock salt is saturated brine. Pumped 3000 gallons 15% NE acid and flushed with 35 bbls. saturated brine. Returned well to injection at 1050 BWPD and 320#.

13. I hereby certify that the information	tilfh above is true and co	omplete to the best of my ki	nowledge and belief.	
SIGNED CMarling	6100	Asst.	Admin. Analyst	BATE 8-22-80
Dete Series Jorry Series				ALLO OF 1000
CONDITIONS OF APPROVAL, IF	÷	TITLE	· · · · · · · · · · · · · · · · · · ·	0ATA <u>INT 1900</u>
0+4-NMOCD, H	1-Hou	1-Susp	. 1 -MKE	



