

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 DEEPEN 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 B 660 FEET FROM THE North LINE AND 2310 FEET FROM

THE East 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.

68

10. Field and Pool, or Wildcat

Hobbs Grayburg

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 ☒
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
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.

Propose to increase productivity by the following procedure:

Pull tubing and perf with 2 JSPF at 2950'. Run tubing and packer and set packer at 2950'. Run tubing and cement retainer and set at 2900'. Pump 350 sacks Class C cement to circulate. Drill out cement and pressure test. Drill out approximately 25' to TD of 4226'. Run tubing and treating packer and set at 4030'. Run gamma ray temperature survey. Acidize with 4000 gallons and pump 35 bbls. of fresh water in 4 stages. Install pumping equipment and return to production.

THE COMMISSION MUST BE NOTIFIED
24 HOURS BEFORE ANY WORK

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

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 2-16-81

APPROVED BY Jerry Sexton
Dist. L. Supt.

TITLE

DATE FEB 18 1981

CONDITIONS OF APPROVAL, IF ANY: