

NEW MEXICO OIL CONSERVATION COMMISSION

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name <i>SOUTH HOBBS (GSA) UNIT</i>
2. Name of Operator <i>AMOCO PRODUCTION COMPANY</i>		8. Farm or Lease Name
3. Address of Operator <i>BOX 557, ANDREWS, TEXAS 79714</i>		9. Well No. <i>78</i>
4. Location of Well UNIT LETTER <i>G</i> , <i>1980</i> FEET FROM THE <i>NORTH</i> LINE AND <i>2310</i> FEET FROM THE <i>EAST</i> LINE, SECTION <i>10</i> TOWNSHIP <i>19-S</i> RANGE <i>38-E</i> NMPM.		10. Field and Pool, or Wildcat <i>HOBBS GSA</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3610' GL</i>		12. County <i>LEA</i>

16. 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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. 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.

*In an effort to increase productivity acidized
OH 4077 to 4201' w/ 1000 gal 15% LSTNE.
Evaluated & restored to production.*

*Pres. Pump 25 BD + 25 BW 24 hrs.
after - " 56 " + 67 " "*

*OC- 2-17-75.
Camp 2-25-75.*

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

SIGNED *Lois R. Yorkum* TITLE *ADMINISTRATIVE ASSISTANT* DATE *FEB 26 1975*

APPROVED BY *Joe D. [unclear]* TITLE *[unclear]* DATE *[unclear]*
CONDITIONS OF APPROVAL, IF ANY:
*012-NMOC-10
1-DR
1-SVS
1-RR*