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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name South Hobbs (GSA) Unit
8. Farm or Lease Name South Hobbs (GSA) Unit
9. Well No. 111
10. Field and Pool, or Wildcat Hobbs GSA
11. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIVERT OR PLUG BACK TO A DIFFERENT RESERVOIR.
SEE TRAFFICATION FOR PERMIT OF FORM C-101 FOR SUCH PROPOSALS.

1. OIL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> OTHER- Injection Well
2. Name of Operator Amoco Production Company
3. Address of Operator P. O. Box 68, Hobbs, NM 88240
4. Location of Well UNIT LETTER N 990 FEET FROM THE South LINE AND 1980 FEET FROM West LINE, SECTION 15 TOWNSHIP 19-S RANGE 38-E NEDEE.

15. Elevation (Show whether DF, RT, GR, etc.)
3599 DF

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Deepening & Acidizing ☐

SUBSEQUENT REPORT OF:

17. Description of 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 injection by deepening approximately 35' and exposing new pay. All pay will be acidized with 3000 gallons 15% NE HCL. Graded rock salt will be used to divert the acid. Upon completion, well will be evaluated and returned to injection. A Cement Bond Log was run 1/13/76 to satisfy NMOCD requirements.

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

SIGNED Roy Cox TITLE Administrative Supervisor DATE 6-28-79
Orig. Signed by Jerry Sexton
APPROVED BY Dist 1, Supv TITLE _____ DATE JUN 29 1979
CONDITIONS OF APPROVAL, IF ANY:

0+4 - NMOCD,H

1 - Susp

1 - Hou

1 - CC