

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025- 07700

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Water Injector

2. Name of Operator
Amoco Production Company

8. Well No.
98

3. Address of Operator
P. O. Box 3092, Houston, TX 77253

9. Pool name or Wildcat
Hobbs Grayburg - San Andres

4. Well Location
Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line
Section 16 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)

3614' DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Perforate & Acidize ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

Rig-up X POH w/injection tbg X pkr. Check & repair equipment as needed.
RIH w/4" OD casing gun X perf zone I interval from 4150-4190 w/4 SPF.
RJH w/workstring X PPI pkr @ 2' spacing X acidize new perfs w/110 gal/ft 15% NE HCL.
Pump acid at 2-3 BPM X flush w/50 BW.
POH w/PPI pkr X tbg X re-run injection equipment.
Pressure test casing.
Return well to injection at a pressure limit of 800 PSIG surface pressure.

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

SIGNATURE Kim Colvin TITLE Asst. Admin. Analyst DATE 6/12/91
TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 713/ 596-7686

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FROM: JUNE

JUN 17 1991

CRS
HOUSE OFFICE