NO. OF COPIES RECEIVED	1		Form C-103 Supersedes Old
DISTRIBUTION			C-102 and C-103
ANTA FE	NEW MEXICO OIL CO	NSERVATION COMMISSION	Effective 1-1-65
FILE	1		5a. Indicate Type of Lease
J.S.G.S.	1		State Fee X
AND OFFICE	1		5. State Oil & Gas Lease No.
OPERATOR	1		5. State on & das Lease 114
			Vinnenminist
SUNDS (DO NOT USE THIS FORM FOR PR USE "APPLICA"	RY NOTICES AND REPORTS (OPOSALS TO DRILL OR TO DEEPEN OR PLE TION FOR PEHMIT -" (FORM C-101) FOR	ON WELLS JG BACK TO A DIFFERENT RESERVOIR. SUCH PROPOSALS.)	7, Unit Agreement Name
• -			SOUTH HOBBS (GSA) UNIT
Name of Operator	OTHER+		8. Form or Lease Name SOUTH HOBBS (GSA) UNIT
AMOCO PRODUCTION CO	MPANY.		9. Well No.
BOX 357, ANDREWS,			1 42 10. Field and Pool, or Wildcat
. Location of Well	980 FEET FROM THE SOUT	H LINE AND 330 FEET FR	HOBBE CSO
UNIT LETTER LINE, SECT		7-S RANGE 38-E NMF	
THE WED! LINE, SECT			12. County
	15. Elevation (Show whe	ther DF, R1, GR, etc.)	LEA
	Appropriate Box To Indicat	e Nature of Notice, Report or C	Other Data INT REPORT OF:
1			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	1 1	ALTERING CASING PLUG AND ABANDONMENT
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDORMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQB	
		OTHER	
OTHER		L	
17 Describe Provided of Completed	Operations (Clearly state all pertinen	t details, and give pertinent dates, includ	ling estimated date of starting any proposed
work) SEE RULE 1103.		en ativitue	simoulal.
In an esta	rt to increase	e productionly	10110000
	4 - 1-10	e productivity	·
work perfor	med as faccous	•	
		1 11 now to 42	2/I
Cleanout hole	2 to TD 4185 W	nd allefan 20 42	,24.
Set 1/2" liner	from 3845 - 42	24 W/ 10 3x comme	•
DIAL 11 135 - 4 .	2114 W/21SPF.	nd deepen to 42 zu w/ 755x Cement	
acidial d w/150	oogal 15% NE HO	L.	
	0		
Evaluated.			
Λ. Λ	2 2 2 2 2 2 2 2	Albra	
Prier- 15mp 15	5 BO + 295 BW 2-	4/843	
after . "	5 BO + 295 BW 2- 2 " + 239 BW .	•	
·	6 6 25 5 5		
TD-4224.	oc - 6.30-75		•
PB-4223.	comp-4-9-76		
^ ^		to to the send to be for	
18. I hereby certify that the informat	tion above is true and complete to the		
//////	1	ADMINISTRATIVE ASSISTANT	4-20-76
XOUX X (S	takun TITLE		DATE / CO
STONEU THE			
0+2. NMOCCH)			
I- DIY	TITLE		DATE
CONDITIONS OF APPROVAL, IF	ANY:	·	
1 Dig.			