

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER <u>Injection</u>	7. Unit Agreement Name
2. Name of Operator <u>AMOCO PRODUCTION COMPANY</u>	8. Farm or Lease Name <u>South Hobbs (GSA) Unit</u>
3. Address of Operator <u>P.O. BOX 68 HOBBS, NEW MEXICO 88240</u>	9. Well No. <u>88</u>
4. Location of Well UNIT LETTER <u>J</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>10</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Hobbs GSA</u>
11. Elevation (Show whether DF, RT, GR, etc.) <u>3600' KB</u>	12. County <u>Lea</u>

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>Cement Squeeze</u> ☒

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.

11/5/85 9-9-85. Released packer and POH. Plugged back to 4181' with sand capped with Calseal. Set cement retainer at 4073'. Squeezed with 50SX class C cement, 50SX class C with 4#/5X Tuff plug, and 50SX class C Neat cement. Resqueezed with 100 SX class C containing 4#/5X Tuff plug and 150SX class C Neat. String out of retainer and reversed out 20SX. WOC. Drilled out to 4180' and pressure tested squeeze. Cleaned out to 4225'. Perforated 4174'-4180' with 4JSF. Ran pin point injection packer and acidized 4208-4174' with 50 gals 15% NE HCl per foot. Re-ran injection packer and tubing. Packer set at 4043'. 11/5/85 10-8-85 and commenced injection. Operations completed 10/9/85.

IAWD: 600BWIPD.

OTSNMORD, H 1-JRB 1-FSN 1-CMH

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

SIGNED Charles M. Sexton TITLE Administrative Analyst (SG) DATE 10/16/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 17 1985

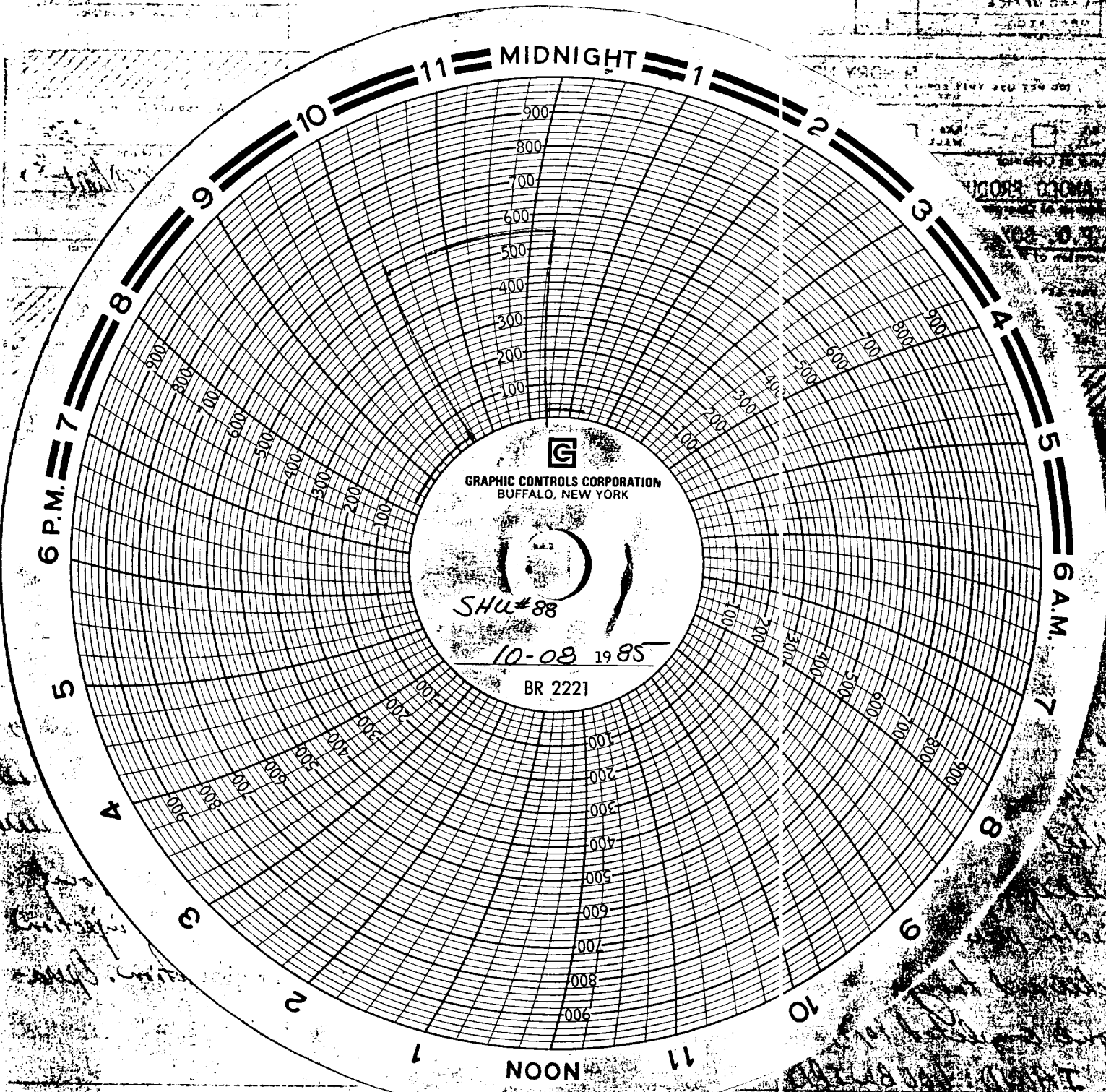
CONDITIONS OF APPROVAL, IF ANY:

U.S. DEPARTMENT OF AGRICULTURE

100 BOX 3000

SMITH, RICHARD M. (20)

DATE	10/08/85
TIME	11:00 AM
LOCATION	100 BOX 3000
BY	SMITH, RICHARD M.
REMARKS	



Administrative Analyst (20)