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 10-1-7

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 —" FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER: Injection

7. Unit Agreement Name

2. Name of Operator
Amoco Production Company

8. Farm or Lease Name
South Hobbs (GSA) Unit

3. Address of Operator
P. O. Box 68, Hobbs, New Mexico 88240

9. Well No.
88

4. Location of Well
UNIT LETTER J . 1650 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 10 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3600' KB

12. County
Lea

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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER Acidize ☒	

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.

Acidized 4172'-4208' down the tbg. with 2000 gals of 15% NE HCl acid w/add. in 2 equal stages. Separated by 300# graded rock salt and 100# mesh salt in 300 gals 30# gelled brine water. Returned well to injection.

O+5-NMOCD,H 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC 1-Petro Lewis

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

SIGNED Gary C. Clark TITLE Assist. Admin. Analyst DATE 6/6/84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE JUN 8 1984

CONDITIONS OF APPROVAL, IF ANY: