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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 ☐	Fed ☒
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 - Injection Well		7. Unit Agreement Name South Hobbs (GSA) Unit
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, NM 88240		9. Well No. 105
4. Location of Well UNIT LETTER E FEET FROM THE 1800 North LINE AND 990 FEET FROM West 15 19-S 38-E TOWNSHIP RANGE NEPA.		10. Field and Pool, or Wildcat Hobbs GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3609 RDB		11. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☒ **Deepen and acidize**

PLUG AND ABANDON ☐

CHANGE PLANS ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

12. 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 exposing new pay in deepening well by approximately 100'. New pay will be acidized with approximately 4000 gallons 15% NE HCL acid. A GR/N Log will be run prior to acidizing and a Gamma-Trol Survey will be run to insure all pay is stimulated. Graded rock salt will be used as a diverting material. After evaluation, well will be returned to injection.

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

SIGNED *Ray Cox* TITLE Administrative Supervisor DATE 6-28-79

APPROVED BY Jerry Sexton TITLE Dist 1, Supv. DATE JUN 29 1979

CONDITIONS OF APPROVAL, IF ANY:

0+4 - NMOCDD, H 1 - Susp 1 - Hou 1 - CC