Submit 3 Copies to Appropriate District Office

Section

State of New Mexico

als and Natural Resources Department Energy, M.

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O.Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088

Township

30-025-20113 5. Indicate Type of Lease

Lea, NM

WELL API NO.

FEE V

County

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) South Hobbs GSA Unit 1. Type of Well OIL WELL 2. Name of Operator 8. Well No. Amoco Production Company (Room 17.182) 79 3. Address of operator 9. Pool name or Wildcat P.O. Box 3092, Texas 77253-3092 Hobbs Grayburg San Andres 4. Well Location 990 Unit Letter Feet From The East 1980 Line and Feet From The Line

38-E

3609' RDB

NMPM

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF:

19-S

PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	V
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER:	ŗ	_

Range

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

MIRUSU 6-16-93. RTXIB X PT X RIH X BIT X SCRAPER X TBG TO 3850'. POH X RIH X CIBP X TBG X SA 3800' SPOT 25 SX CMT ON TOP OF CIBP X PTG. TST CSG X CIBP X 600 PSI X OK. TAG CMT 3641' X DISP 4-1/2" CSG X 10# GEL BRINE MUD. PTG TO 2816 X SPOT 25 SX CMT PLUG FROM 2816' TO 2438'. POH X RIH X WL X PERF X 3-1/8" GUN X 4 SPF X 454-455'. PO X WL ESTB CIRC DOWN 4-1/2" CSG X PERFS UP BETWEEN 4-1/2" CSG X 8-5/8" CSG. PMP 170 SX CLASS C X CIRC 10 SX CMT X WOD. TAG CMT 20' FROM SURF. MIX 5 SX READY MIX FOR SURF PLUG. CUT OFF WELLHEAD X WELD ON PXA MARKERS. CUT OFF DEAD MEN X RDMOSU 6-21-93.

I hereby certify that th	ne information above is true ar	nd complete to the best of my kr	nowledge and belief.	
SIGNATURE	Alexna M	Truce TITL	EStaff Assistant	DATE 06-30-93
TYPE OR PRINT NAME	Devina M. Prince			TELEPHONE NO. (713) 596-7686

(This space for State Use),

OIL & GAS INSPECTOR

AUG 24 1993

CONDITIONS OF APPROVAL OF ANY

^{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.