Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-20113

5. Indicate Type of Lease STATE ☐ FEE ☒

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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
South Hobbs (GSA) Unit

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Amoco Producton Company

8. Well No.
79

3. Address of Operator
P. O. Box 3092, Houston, TX 77253

9. Pool name or Wildcat
Hobbs Grayburg San Andres

4. Well Location
Unit Letter H : 990 Feet From The East Line and 1980 Feet From The North Line

Section 10 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3609'RDB

11. 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 OPNS. | ☐ | PLUG AND ABANDONMENT | ☐ |
| PULL OR ALTER CASING | ☐ | | | CASING TEST AND CEMENT JOB | ☐ | | |
| OTHER: | ☐ | | | OTHER: Acidize | ☐ | | |

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.

12/15/89: RUSU, Acidize pay interval, 4180' - 4194', w/3000 gals 20% HCL using 400# Graded Rock Salt to divert. Flush with 30 Bbls water.

12/27/89: RDSU, Return Well to production.

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

SIGNATURE Matthew C Wines TITLE Administrative Analyst DATE 6/4/90

TYPE OR PRINT NAME Matthew C. Wines TELEPHONE NO. 713/556-3744

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 08 1990

CONDITIONS OF APPROVAL, IF ANY: