

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.	30-025-21341
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Hobbs (GSA) Unit
8. Well No.	89
9. Pool name or Wildcat	Hobbs Grayburg San Andres

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. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Water Injection	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3602' DF
2. Name of Operator Amoco Production Company	
3. Address of Operator P. O. Box 3092, Houston, TX 77253	
4. Well Location Unit Letter I : 2310 Feet From The South Line and 940 Feet From The East Line Section 10 Township 19-S Range 38-E NMPM Lea County	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Acidize open hole ☐

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.

1/2/90: RUSU, Acidize open hole interval, 4170'-4235', with 1500 gals 20% Ne HCL in 1 stage. Flush with 30 barrels wtr. Test to 540 PSI, OK.

1/3/90: Return well to injection.

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 J. ALLEN SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 08 1990

RECEIVED

JUN 07 1990

OCD
MOBBS OFFICE