STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

we. er terics accoives		
POTENTION		
BANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
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OIL CONSERVATION DIVISION P O BOX 2088

Form	r - 1	107	
Revis	ed.	10-	1 - 78

- 1	DISTRIBUTION	Revised 19-1-/8		
-	BANTA FE			
	FILE	_]		5a. Indicate Type of Lease
1	U.S.O.S.			State Fee X
Ī	LAND OFFICE			S. State Oli & Gas Lease No.
	OPERATOR .			
-				mmmmmm
	SUND	RY NOTICES AND REPORTS ON WE	LLS	
	(DO NOT USE THIS FORM FUR P	RY NOTICES AND REPORTS ON WE	TO A DIFFERENT RESERVOIR. ICPOSALS.)	
1.				7, Unit Agreement Name
0	11 GAB WELL	other- Injection		·
	err Merr M	Thjection		8. Farm of Lease Name
2. Nan	·			South Hobbs (GSA) Unit
	Amoco Production C	ompany		9. Well No.
3. Add	ress of Operator	• •		
	P. O. Box 68 H	obbs, NM 88240		10. Field and Pool, or Wildcat
4. Lo	ation of Well			•
	Ţ	2310 FEET FROM THE South	JUE AND 940 FEET FROM	Hobbs GSA
U	HIT LETTER	FLET FROM THE		
	Fac+	10 TOWNSHIP 19-S	38-F	
1	HELINE, SEC	TION TOWNSHIP	RANGE NMPM.	
		15. Elevation (Show whether DF,	PT CR etc.	12. County
////		15. Elevation (Show whether Dr.	, 11, 011, 212.7	
////				Lea (1)
16.	Check	Appropriate Box To Indicate Natu	ure of Notice, Report or Ot	ner Data
		INTENTION TO:	SUBSEQUENT	REPORT OF:
	NOTICE OF	THE PROPERTY OF		
			EMEDIAL WORK	ALTERING CASING
PERF	DAM.REMEDIAL WORK	7200 2100 2011111		PLUG AND ABANDONMENT
TEMP	ORARILY ABANDON	I	OMMENCE DRILLING OPHS.	Pede And Additional Line
PULL	OR ALTER CASING	CHANGE PLANS C	ASING TEST AND CEMENT JOB	
			OTHER	
o,	HER			

Well was acidized 8-18-80 by the following procedure:

First stage pumped 600# graded rock salt in 400 gallons 30# gelled brine. Pumped 2000 gallons 15% NE acid. Flushed with 20 bbls. saturated brine. Second stage pumped 300# graded rock salt in 400 gallons 30# gelled brine. Pumped 3000 gallons 15% NE acid. Flush with 20 bbls. saturated brine. Third stage pumped 600# graded rock salt in 400 gallons 30# gelled brine. Pumped 3000 gallons 15% NE acid. Flushed with 20 bbls. saturated brine. Returned well to injection at 2100 BWPD with 450#.

18. I hereby certify that the informa	tion above is true and co	omplete to the best of my k . TITLEASST	. Admin. Analyst	DATE 8-22-80
Orig. Sign. Orig. Sign. Jerry Sext. CONDITIONS OF APPR Dist. 1. St.	ed by on any:	Y171.5		AUG 25 1980
O+4-NMOCD H	1-Hou	1-Susp	1-MKE	