STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease: State ☐ Fee ☒

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-

7. Unit Agreement Name

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.: 21

4. Location of Well: UNIT LETTER C, 663 FEET FROM THE North LINE AND 1935 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.): 3609' GL

12. County: Lea

16. 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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER acidize ☒	

17. 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.

MISU 8-25-84. Acidized Zone III 4154'-4266' with 6000 gals gelled 15% NE HCL with additives. Acidized Zone II 4154'-4171' in 1 ft. intervals with 50 gals. 15% NE HCL with additives. Ran tbg, sand, and Mother Hubbard. Tbg landed at 4162'. MOSU 8-28-84. Returned well to production

015-NMOCD,H 1-JRB 1-FJN 1-BFC

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

SIGNED Bonita Coble TITLE Administrative Analyst DATE 9-19-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE SEP 21 1984

CONDITIONS OF APPROVAL, IF ANY: