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OPERATOR		

3a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
3. 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection		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 4072, Odessa, Texas 79760		9. Well No. 120	
4. Location of Well UNIT LETTER <u>C</u> <u>1272</u> FEET FROM THE <u>North</u> LINE AND <u>1420</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.		10. Field and Pool, or Wildcat Hobbs GSA	
11. Elevation (Show whether DF, RT, GR, etc.) 3620.2 GR		12. County Lea	

13. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPWS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

14. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

MI and RUSU 04-13-88 to acidize well to increase injectivity. Pull injection tubing and packer. Run packer and workstring and set packer at 4108'. Acidize from 4110 to 4197 with 4500 gallons of 20% NE HCl. Run injection packer and tubing and displace hole with packer fluid. Set packer at 3900' and test casing and packer to 550 PSI for 30 minutes and test OK. RD and MOSU 04-18-88 and return well to injection.

IPWO: 1646 BWIPD at 605 PSI
IAWO: 1750 BWIPD at 0 PSI

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

Signed O. M. Mitchell TITLE Sr. Admin. Analyst DATE 04-22-88

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 27 1988

CONDITIONS OF APPROVAL, IF ANY: