STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	Form C-103 Revised 10-1-70 Sa. Indicate Type of Lease State Foe X S. State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS 100 NOT USE THIS FORM FOR PROPASALS TO DELLE OR TO DEEPEN OF PLUE BICK TO A DIFFERENT RESERVOIR. 1.	7. Unit Agreement Name
OIL X GAS WELL OTHER-	8. Farm or Lease Name
Amoco Production Company	South Hobbs (GSA) Unit
P. O. Box 68, Hobbs, New Mexico 88240	125
4. Location of Well BHL 2730/77 + 1294/11 2016 North 1763 FEET MANN THE NORTH 118 AND 763	Hobbs GSA
West LINE, SECTION TOWNSHIP RANGE NMPM	
3622' KB	12. County Lea
PLUG AND ABANDON TEMPORARILY ABANDON PULL OR ALTER CASING OTHER 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, includin work) see RULE 1103. Moved in service unit 7-30-82. Circulated well bore. Pulled tubing, blowout preventer rams. Tagged bottom at 4328'. Pumped 400 BFW and	REPORT OF: ALTERING CASING PLUG AND ABANDONMENT g estimated date of starting any proposed pump, and cable. Changed 100 bbl LC mud. Drilled dge plug at 4338'.
Pushed to 4336' and through cast from bridge plug. Tagged cast from bridge plug. Tagged cast from bridge plug at 4379' and drilled out to 4220'. Circ. clean. Perforated i Acidized as follows: Set a packer at 4287'. (a) acidized with 2000 g Pumped block of 450# rock salt and 300 gal 30# gelled brine water. R Pulled packer. Set a retrievable bridge plug at 4290' and a packer a step (a). Flushed with 25 BFW. Reset the bridge plug at 4240' and t Repeated step (a) and flushed with 25 BFW. Reset the retrievable bridge plug at 4050'. Repeated step (a) and flushed with 25 BFW. Reset the retrievable bridge plug and packer. Ran pump, tubing, and cable. Electric subme at 3848'. Moved out service unit 8-12-82. Pump tested for 72 hrs. a and 140 MCF. Returned well to production.	al 15% NE HCL (b) epeated step (a). t 4240'. Repeated he packer at 4190'. dge plug at 4190' and led the retrievable rsible pump landed
0+4-NMOCD,H 1-HOU 1-SUSP 1-CLF	
18.1 hereby certify that the information above is true and complete to the best of my knowledge and belief.	
oreneo Cathy L. Forman Assist. Admin. Analyst	8-25-82
ORIGINAL SIGNED BY	AUG 27 1982
CONDITIONS OF APPROVISTRICT SUPR.	

RECEIVED

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AUG 261982

O.C.D. HODSS OFFICE

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