

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30-025-26121 V

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

South Hobbs (GSA) Unit

2. Name of Operator  
Amoco Production Company Rm. 17.184

8. Well No. 126

3. Address of Operator  
P.O. Box 3092 Houston, Tx 77253

9. Pool name or Wildcat  
Hobbs GSA

4. Well Location  
Unit Letter N : 1295 Feet From The South Line and 1365 Feet From The West Line

Section 10 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3594.4 GL

11.

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 ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Temporary Abdn. ☒

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.

MIX RUSU X POH X PROD EQUIPT X RIH X BIT X SCRAPER X TBG TO  
4145' X POH X RIH X CIBP X SA 3689' X SPOT 2 SX SN X TST X  
570 PSI X 30 MIN X OK X DISPLACE CSG X PKR FL X LD  
TBG X MOSU X WELL TA 4-14-92.

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

SIGNATURE H. I. Black TITLE Staff Admin. Analyst DATE 1-13-93  
TYPE OR PRINT NAME H. I. Black TELEPHONE NO. 713-584-721

(This space for State Use)

ORIGINAL SIGNED BY ELLY SEXTON  
DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary  
Abandonment Expires 1-1-96

JAN 22 1993

