

OIL CONSERVATION DIVISION

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

Form C-103  
Revised 10-1-73

|                        |  |
|------------------------|--|
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3a.井のタイプと深度  
State ☐ Fee ☒  
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 WELLS TO A DIFFERENT RESERVOIR.  
USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL ☐ GAS WELL ☐ OTHER: Injection  
Name of Operator  
AMOCO PRODUCTION COMPANY  
Address of Operator  
P.O. BOX 68 HOBBS, NEW MEXICO 89240  
Location of well  
UNIT LETTER L 2026 FEET FROM THE South LINE AND 516 FEET FROM  
THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E LUMP.

4. Unit Agreement Name  
5. Perm or Lease Name  
South Hobbs (GSA) Unit  
6. Well No.  
174  
7. Field and Pool, or District  
Hobbs GSA  
8. County  
Lea

15. Elevation (show whether DT, RT, GA, etc.)

3609.9 GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☐  
PERMANENTLY ABANDON ☐  
OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPERATIONS ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER Acid Stimulation ☒

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

MISL 7-11-85 and POH w/ Injection string. RIH w/ PPS pkr and 2 3/8" tbg. to 4000'.  
Acidized intervals 4235'-30', 4225'-17', 4206'-4197', 4187'-57', 4152'-44', and 4124'-08' in  
2' intervals, w/ 50 gal 15% HCL acid / interval. Flushed well and POH w/ tbg  
and pkr. RIH w/ 7" pkr, SN, and tbg to 4008'. Rem BOP and installed tbg  
flange. Disp csq w/ 100 bbl pkr fluid. Set pkr at 4008' and prs tested to  
500 psi for 15 min - OK. MOSL 7-13-85 and commenced injection. Finished W.O.  
7-16-85.

IPWD: 593 BWIPD at 51 PSI

IAWD: 580 BWIPD ON Vac

0+5 NMOC-D-H, 1-JBB, 1-FJN, 1-NLG

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

[Signature]

TITLE Administrative Analyst

DATE 19 July 1985

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

VED BY

TITLE

DATE JUL 22 1985

DITIONS OF APPROVAL, IF ANY:

