

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- Injection Well	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Name of Lease Name South Hobbs (GSA) Unit
3. Address of Operator Post Office Box 68, Hobbs, New Mexico 88240	9. Well No. 174
4. 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 N.M.P.M.	10. Field and Pool, or Wildcat Hobbs GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3609.9 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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER Commence Injection ☒

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.

The subject well commenced injection at apx. 9:00 A.M. on April 19, 1984 at 995 BWIPD with tubing pressure on a vacuum.

0+5 NMOCD,H 1-J.R.Barnett, Hou 1-F.J.Nash, Hou 1-GCC 1-Texaco 1-Sun 1-Shell
1-Petro Lewis

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

SIGNED *Jerry C. Sexton* TITLE Assistant Admin. Analyst DATE 5/2/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 3 1984

CONDITIONS OF APPROVAL, IF ANY: