

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
A-1646-5

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.)

OIL WELL ☐ GAS WELL ☐ OTHER- Injection Well
Name of Operator
Amoco Production Company
Address of Operator
P. O. Box 68 Hobbs, NM 88240
Location of Well
SL/BHL B/A 200/9 FEET FROM THE North LINE AND 1380/1288 FEET FROM
THE East LINE, SECTION 6 TOWNSHIP 19-S RANGE 38-E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
South Hobbs (GSA) Ut. Coop
9. Well No.
1
10. Field and Pool, or Wildcat
Hobbs GSA

11. Elevation (Show whether DF, RT, GR, etc.)
3626.6' GL
12. County
Lea

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <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 status update <input checked="" type="checkbox"/>

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.

Commenced injection 2-10-84. Injected 248 bbl. fluid per day with tubing vacuum.

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

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

SIGNED Cathy L. Forman TITLE Asst. Admin. Analyst DATE 2/20/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

TITLE DATE

FEB 22 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
FEB 21 1984
O.C.D.
HOBBS OFFICE