

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

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

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

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

WELL API NO. 30-025-28332
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (GSA) UNIT
8. Well No. 128
9. Pool name or Wildcat Hobbs GSA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3617.2 GL

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.)

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER WATER INJECTION
2. Name of Operator Amoco Production Company
3. Address of Operator P.O. Box 3092 Houston Tx 77253
4. Well Location Section 3/33 Township 19-S/18-S Range 38-E NMPM LEA County Unit Letter DIP : 335/1 Feet From The North/South Line and 520/26 Feet From The West/East Line
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3617.2 GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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.

MI RUSH 3-18-89. Pull out hole with Injection Tubing and packer.
Acidize gross interval 4136 to 4310 w/3320 GALS 20% NE HCL
using PPI PKR @ 4 spacing. FLUSH w/ 40 BBLs water and RET to
INJECTION 5-1-89. PSA 3986

BWO: 2000 BWIPD @ 230 PSI
AWD: 2450 BWIPD @ 230 PSI

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

SIGNATURE B. T. Steele TITLE Admin Analyst DATE 5-11-89

TYPE OR PRINT NAME B. T. Steele TELEPHONE NO. 713-584-7322

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAY 16 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

