

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.

30-025-28334

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

SOUTH Hobbs (GSA) Unit

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Amoco Production Company

8. Well No.

130

3. Address of Operator

P.O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat

Hobbs Grayburg San Andres

4. Well Location

Unit Letter F : 1403 Feet From The North Line and 1403 Feet From The West Line

Section 4 Township 19-S Range 38-E NMPM LEA County

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

3618 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data:

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ 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 RU SU 5-17-89 PDM / ESP AND Prod Equip. R 4 3/4 B.T AND
CASING Scraper w/ 2 3/8 TBG. TAG @ 4201. PTK AND TOOLS. R HOWED 5 1/2
PPI PKR AND 4 FT SPACING w/ 2 3/8 TBG TO 3966. TST TBG 3000 PSI. OK.
RTBG AND ADD-26 Perfs 4070'-4194' 50 gal per ft. TOTAL ACID 6200 gals.
FLUSH w/ 40 BW. RETURN TO PRODUCTION

RD SU 5-19-89

BWO : 135 BOPD 1740 BWPD 54 MCF

AWO : 143 BOPD 1900 BWPD 43 MCF

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

SIGNATURE Blake T. Steele TITLE Admin. Analyst DATE 7-26-89

TYPE OR PRINT NAME BLAKE T. STEELE TELEPHONE NO. 713-584-7322

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 1 1989

CONDITIONS OF APPROVAL, IF ANY: