STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name

Name of Operator
AMOCO PRODUCTION COMPANY

8. Farm or Lease Name
South Hobbs (GSA) Unit

Address of Operator
P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. Well No.
132

Location of Well
UNIT LETTER H . 1790 FEET FROM THE North LINE AND 1185 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3614.9' 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 ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER ☐	

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.

Propose to perforate additional pay and acidize to increase production per the following:
POH rods, pump, and tubing. Perforate San Andres intervals 4138-41', 4144-47', 4154-60', 4165-70', 4178-85', 4194-98', 4200-4202', 4206-08', 4210-14', 4228-30', and 4234-41' with 4 JSPF with 90° phasing. RIH with pinpoint Injection Packer and acidize in 2' intervals 4138-41', 4144-47', 4157-72', 4176-85', 4194-98', 4200-04', 4206-08', 4210-25', 4228-30', and 4234-41' with 100 gals of 15% NE HCL per 2' setting. Rerun production equipment and place the well on production. After load is recovered, a scale squeeze will be performed.
OTS-NMOCD,H 1-JRB 1-FJN 1-CMH 1-PL.

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

SIGNED Charles M. Herring TITLE Administrative Analyst (SG) DATE 6-11-85

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE JUN 13 1985

CONDITIONS OF APPROVAL, IF ANY: