

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.

30-025-28337

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

(Room 18.108 W1)

8. Well No.

133

3. Address of operator

P.O. Box 3092,

Houston,

Texas

77253-3092

9. Pool name or Wildcat

Hobbs Grayburg San Andres

4. Well Location SL/BHL 1840/

Unit Letter E : 1330

Feet From The

North

Line and

748/1310

Feet From The

West

Line

Section

3

Township

19-S

Range

38-E

NMPM

Lea, NM

County

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

3613' 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: Acidize ☒

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.

MIXRU SU (1-3-94) X RTXIB X PTG X ESP EQPT. RIH X BIT X SCRAPER X TBG. FIN RIN X BIT X SCRAPER X TBG. TAG X POH X RIH X SONIC HAMMER X TBG X ACD X 8000 GAL 20% NE HCL X ADDITIVES. FLUSH X MAX TRTP 1510 X AVG TRTP 1330 X AIR 2.5 BPM X ISIP X PTG X SONIC HAMMER. PU ESP EQPT. X RIH X TBG X RBXIT. WELL PMP UP X 3-1/2 MIN X 80 PSI X RET TO PROD. RDXMO SU (1-5-94).

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

SIGNATURE

Devina M. Prince

TITLE

Staff Assistant

DATE 01-18-94

TYPE OR PRINT NAME

Devina M. Prince

TELEPHONE NO. (713) 366-7686

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE JAN 25 1994

CONDITIONS OF APPROVAL, IF ANY: