Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, avainerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

**OIL CONSERVATION DIVISION** 

6. State Oil & Gas Lease No.	
5. Indicate Type of Lease STATE	FEE 🛚
WELL API NO. 30-025- 28337	

P.O. Box 1980, House, NM 88240	P.U. Box 2088		30-025- 28337		
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210  Santa Fe, New Mexico 87504-2088  DISTRICT III		5. Indicate Type of Lesse			
		STATE FEE X			
1000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & Gas Lease No.	
SUNDRY NOTICE	ES AND REPORTS ON	WEL	LS		
( DO NOT USE THIS FORM FOR PROP		EPEN	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
(FORM C-10	1) FOR SUCH PROPOSALS		uva (	(55.)	
1. Type of Well: Oil. V GAS				South Hobbs (GSA) Unit	
WELL WELL WELL	OTHER		<del></del>	8. Weil No.	
Amoco Production Compan	ny			133	
3. Address of Operator P. O. Box 3092, Houston	n TY 77253			9. Pool same or Wildest	
4. Well Location 1840/	13 1/2JJ			Hobbs Grayburg - San Andres	
CI /DIII	Feet From The North	1	Line and 748/1	310 Feet From The West Line	
2				<u> </u>	
Section 3	Township 19-S  10. Elevation (Show w	Ra- whether	ngs 38-E DF, RKB, RT, GR, etc.)	NMPM Lea County	
	3613'		,		
	ppropriate Box to Indi	cate ì	Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTE	ENTION TO:		SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB		
_			1		
OTHER:		<u> </u>	OTHER: Acidize	<u> </u>	
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	ca (Clearly state all pertinent de	પ્રહાર, હા	nd give pertinent dates, inclu	ding estimated date of starting any proposed	
Rig up 10/21/91.					
POH w/ production tbg &					
Perforated intervals 426				DDT also as 21	
Acidized new perfs w/200 RIH w/workstring & pkr	oo gai zu% HCL & 8 & pkr set at 4085	5UU# 51.	rock salt using	rri pkr at 2' spacing. 20% NE HCL X additives	
& flushed w/30 bbls					
w/production equip					
Rig released 10/23/91.					
I hereby certify that the information above is true a	and complete to the best of my knowl	ledge and	belief.		
SIGNATURE	Colum	m	Asst. Admin.	Analyst 12/2/91 713/	
				713/ TELEPHONE NO. 596-7686	
TYPEOR FRINT NAME Kim. A. Col	LVIII			1000	
(This space for State Use)	signed by				
	Asuta Koorista	-	N.E	DATE -	
APPROVED BY					