

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. <u>30-025-28337</u>
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.)	
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name <u>South Hobbs (GSA) Unit</u>
2. Name of Operator <u>Amoco Production Company</u>	8. Well No. <u>133</u>
3. Address of Operator <u>P.O. Box 3092 Houston, TX 77253</u>	9. Pool name or Wildcat <u>Hobbs Grayburg San Andre</u>
4. Well Location Unit Letter <u>SL/B4L</u> <u>E</u> : <u>1840/1330</u> Feet From The <u>North</u> Line and <u>748/1310</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County <u></u>	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3613 GR</u>

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.

Perf 4346'-4408' w/4 SPF. Acidize new perfs only with 3100 gals 20% NeHCl using ppi pkr @ 4 ft spacing. Flush to bottom and run 3000 BPD ES equipment. Return well to production.

BWO: 65 BOPD, 2215 BWPD, 26 MCFD
AWD: 80 BOPD, 2594 BWPD, 31 MCFD

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

SIGNATURE Amelia Hartman TITLE Asst. Admin. Analyst DATE 12-22-89
TYPE OR PRINT NAME Amelia Hartman TELEPHONE NO. 584-7446

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE JAN 09 1990

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 08 1990

**OCD
HOBBS OFFICE**