

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 37501

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State ☐ Fee ☒
3. 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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator AMOCO PRODUCTION COMPANY	8. Farm or Lease Name South Hobbs (GSA) Unit
3. Address of Operator P.O. Box 4072, Odessa, Texas 79760	9. Well No. 133
4. Location of Well SL/BHL E 1840/1330 FEET FROM THE North LINE AND 748/1310 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.	10. Field and Pool, or Wildcat Hobbs GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3612.8' GL	12. County Lea

16. 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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

MI and RUSU 9/28/87 and pull tubing and ESP. Run casing guns and perforate from 4204 to 4337 with 4 JSPF. Run PPIP set on 4 foot spacing and acidize perfs from 4337 to 4204 with 200 gal/4 ft. of 15% HCl. Run ESP and 2-3/8" tubing to 4160'. RD and MOSU 10/1/87 and return well to production.

PPWO: 68 BOPD, 1060 BWPD, 0 MCFD
PAWO: 85 BOPD, 1462 BWPD, 37 MCFD

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

SIGNED D. M. Mitchell TITLE Sr. Admin. Analyst DATE 10/20/87

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 23 1987

CONDITIONS OF APPROVAL, IF ANY: