

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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

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.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 UNIT LETTER E, 1840/1330 FEET FROM THE North LINE AND 748/1310 FEET FROM 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 <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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 1503.

Propose to perforate additional pay and acidize. MI and RUSU and pull 2 3/8" tubing and ESP. Run 3 1/8" casing gun and perforate from 4204 to 28, 4230 to 46, 4250 to 58, 4264 to 4337 with 4 JSPF. Run PPIP on 4 foot spacing and acidize the above perfs with 50 gal/ft 15% NE HCl. Flush to perfs with water. Run ESP and 2 3/8" tubing to 4179'. RD and MOSU and return to production.

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

SIGNED O. M. Mitchell TITLE Sr. Admin. Analyst DATE 9-16-87
APPROVED BY JERRY SEXTON DISTRICT 1 SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY:

SEP 21 1987

RECEIVED

SEP 18 1997

OLD
HOURS OFFICE