

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No. A-1212-1	

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 68, Hobbs, New Mexico 88240		9. Well No. 136
4. Location of well SL/BHL F 2490/2630 FEET FROM THE North LINE AND 2504/2630 FEET FROM UNIT LETTER F 2490/2630 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-E NMPM.		10. Field and Pool, or Wildcat Hobbs GSA
15. Elevation (Show whether DF, RT, GR, etc.) 3608.2' GL		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER acidize to increase production ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 1103.

MISU 8-15-84. Ran packer and pumped 1650 gals 15% NE HCL and acid 1 ft interval 4090'-4094', 4096'-4098', 4103'-4105', 4122'-4124', 4134'-4140', 4154'-4168' and 4173'-4176'. Acid Zone III with 4000 gals 15% NE HCL gelled and 165 gals Checkersol. Acid Zone II with 2000 gals 15% NE HCL gelled and 110 gals checkersol. Ran tubing and seating nipple landed at 4249'. MOSU 8-18-84. Well returned to production.

O+5-NMOCD, H 1-J. R. Barnett, HOU 21.156 1-F. J. Nash, HOU Rm. 4.206 1-BFC 1-Petro Lewis
1-Texaco 1-Sun 1-Shell

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

SIGNED Bonita Coble TITLE Administrative Analyst DATE 8-24-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEAYON TITLE DISTRICT 1 SUPERVISOR DATE AUG 30 1984
CONDITIONS OF APPROVAL, IF ANY: