

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-28340

5. Indicate Type of Lease STATE [checked] FEE []

6. State Oil & Gas Lease No. A-1212-1

7. Lease Name or Unit Agreement Name South Hobbs GSA Unit

8. Well No. 137

9. Pool name or Wildcat Hobbs Grayburg San Andres

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 [checked] GAS WELL [] OTHER []

2. Name of Operator Amoco Production Company (Room 18.108)

3. Address of operator P.O. Box 3092, Houston, Texas 77253-3092

4. Well Location SL/BHL Unit Letter I : 2458/2592 Feet From The South Line and 1180/1214 Feet From The East Line Section 4 Township 18S Range 38E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3612.2' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [] PLUG AND ABANDON [] TEMPORARILY ABANDON [] CHANGE PLANS [] PULL OR ALTER CASING [] OTHER: [] SUBSEQUENT REPORT OF: REMEDIAL WORK [] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: Acidize [checked]

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. MIXRU SU (12-02-93) X RTXIB X PTG X ESP EQPT. RIH X BIT X SCRAPER X TBG X TAG @ 4268FT X POH. RIH X SONIC HAMMER X TBG X PMP 25 BBLs WATER X ACD X 5000 GALS 20% ADDITIVES. RECIPACATE HAMMER THRU PERFS 4086 TO 4230. FLUSH X MAX TRTP 2040 X AVG TRTP 2000 X AIR 2.4 BPM X ISIP 0. POH X RIH X ESP EQPT X PROD TBG. WELL PMP UP IN 10 MIN X 50 PSI X RET TO PROD X RDXMO SU (12-03-93).

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 01-03-94 TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY: