STATE OF NEW MEXICO
ERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] 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.)

OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: South Hobbs (GSA) Unit

Address of Operator: P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. Well No.: 138

Location of Well: UNIT LETTER SL/BHL I . 2490/2628 FEET FROM THE South LINE AND 173/47 FEET FROM THE East 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.): 3612.3' GL

12. County: Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
FORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
PORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
L OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Acidized Well [X]	

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 7-18-85 and POH w/ tbg and ESP. RIH w/ 5½" PPI pkr and tbg to 4000'. Dropped standing valve and prs tested to 2000 psi - OK. Ran tbg to 4188' and dropped RFC valve. Acidized perfs 4188' - 4094' w/ 1700 gal 15% NE HCL at 100 gal / 2' interval. Flushed w/ 20 bbl water. Pulled up and set pkr at 4020'. Acidized w/ 2500 gal 15% gelled HCL. Flushed w/ 20 bbl water. POH w/ tbg and tools. RIH w/ ESP and 2⅜" tbg and landed at 4066'. MOSU 7-22-85 and pump tested through 7-24-85. Finaled W.O. 7-25-85.

PPWO: 66 BOPD x 222 BWPD x 0 MCFD

PAWO: 92 BOPD x 396 BWPD x 0 MCFD

0+5 NMOCD-H, 1-JRB, 1-FJN, 1-NLG

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

ED [signature] TITLE Administrative Analyst DATE 30 July 1985

ORIGINAL SIGNED BY JERRY SEXTON
OVED BY DISTRICT I SUPERVISOR TITLE _____ DATE AUG - 1 1985

DITIONS OF APPROVAL, IF ANY: