

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 ☐ For ☒
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 - II" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐
Name of Operator
AMOCO PRODUCTION COMPANY
Address of Operator
P.O. BOX 68 HOBBS, NEW MEXICO 88240
Location of well
SL/BUL UNIT LETTER F 2052/2575 FEET FROM THE North LINE AND 1941/2431 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
South Hobbs(GSA) Unit
9. Well No.
139
10. Field and Pool, or Wildcat
Hobbs GSA
11. Elevation (Show whether DF, RT, GR, etc.)
3608.5' 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 ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
REPAIR OR ALTER CASING ☐	OTHER Perforate and Acidize ☒	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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.

Propose to: MISC and POH w/ prod equipment. Perf San Andres intervals 4283'-89', 4297'-305', 4315'-19', 4352'-57', and 4361'-67'. w/ 4 JSPP utilizing a 3 1/8" csg gun and 90° phasing. RHT w/ PPI pkr spaced to two feet. Pump 10 bbls water. Install fluid plug and RFC valve on wireline. Acidize in 2' intervals 4292'-305', 4307'-09', 4311'-13', 4315'-19', 4328'-39', 4344'-48', 4352'-57', and 4361'-67' w/ 100 gal 15% HCL per 2' setting (2400 gal total). Pump down backside 1/4 BPM while disp acid. POH w/ tbg and pkr. Rerun production equipment and return Well to production.

045 NMOC-D, 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.
CO Jerry Sexton TITLE Administrative Analyst DATE 7 June 1985
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
COVED BY _____ TITLE _____ DATE JUN 10 1985
ADDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUN -7 1985
C.C.B.
HOBBS OFFICE