P.O. Box 1980, Hobbs, NM 88240

Some 3 Copies of Appropriate Festing Office

OIL CONDEAS. A TION DIVISION

P.O.Box 2088

DISTRICT II

WELL API NO.	
	30-025-28347

PO Drawer DD Adecia NM 88210 Santa Fe, New Mexico 87504-2088						Ο,	, 020 200 17		
P.O. Drawer DD, Artesia	, NM 88210	10, 110W MEXICO 07504 2000				5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.			
DISTRICT III 1000 Rio Brazos Rd., Azto	ec, NM 87410								
SUI (DO NOT USE THIS FO DIFFE 1. Type of Well OIL WELL 2. Name of Operator Amoco Production Comp 3. Address of operator P.O. Box 3092,	NDRY NOTIC DRM FOR PROPO RENT RESERVO (FORM C-10	IR. USE "APPLIC 01) FOR SUCH PR	OR TO DEEP ATION FOR I	EN OR PLUG BACK PERMIT" 2 W1)		7. Lease Name or U South Hobbs (GSA 8. Well No. 9. Pool name or Wil	Init Agreement N Unit 144		
Unit LetterM/	N :5 <u>80/1316</u>	Feet From The	South	Line and _	755/13	Feet From Th	ne Wes	t Line	
Section	3	Township	1 9 -S I	Range 38-E	NM	ſPM L	₋ea, NM	County	
		10. Elevation	on (Show wheth	her DF, RKB, RT, GR	, etc.)				
11.	heck Appro	priate Boy to	Indicate 1	3609.5 GR Nature of Notice	Don	ort or Other I	Do40		
NOTI	CE OF INTEN	TION TO:	Illuicate i			SEQUENT REPO			
PERFORM REMEDIAL WO	RK P	LUG AND ABAND	ON	REMEDIAL WOR			TERING CASING	_	
TEMPORARILY ABANDON		HANGE PLANS		COMMENCE DRI			G AND ABANI	_	
PULL OR ALTER CASING				CASING TEST A	ND CEME	NT JOB			
OTHER:				OTHER:		Acidize		X	
12. Describe Proposed or Cowork.) SEE RULE 110 MIRUSU 7-13-93 X SCF PTG TO TOP RODS X B POH X RIH X PKR X SA 1500 GAL X 600# SALI X RBXIT X PU EL RODS	3. REW ON TO STA ACK RODS OFF . 4223' X TST X T X 2000 GALS	ANDING VALVE X X REC 67 RODS 500 PSI X ACD X FLUSH X AVG	RIG DOWN X FIN PTG X X 5000 GAL TRTP 20 X	FOR REPAIR. PMP STUCK PMP RODS 20% NE HCL X AE MAX TRTP 60 X A	STUCK X S. RIH X E DDITIVES IR 5 BPM	BACK RODS OF E SIT X SCRAPER X X 3 STAGES X 15 X ISIP O. REL PKE	56 RODS FROM TBG X TAG AT 00 GAL X 400 3 X POH X RIH	I SURF X 4468 X # SALT X X PROD TRG	
BEFORE WO (7-4-93) AFTER WO (8-2-93	WTR 1491.5 1110.7	OIL 49.5 49.5	GAS 48.3 12.8						
I hereby certify that the info	ormation above is	true and complete to		_	ef. taff Assis	tant	DATE 08-04-	93	
SIGNATURE 7 DECT	care in	J. ane:	1	TITLE			DATE		

TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 596-7686

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

_ TITLE __

- DATEAUG 1 2 1993

APPROVED BY ___