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

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-28347

5. Indicate Type of Lease STATE ☐ FEE ☒

6. 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" (FORM C-101) FOR SUCH PROPOSALS.)

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

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Amoco Production Company

8. Well No.
144

3. Address of Operator
P. O. Box 3092 Houston, TX 77253

9. Pool name or Wildcat
Hobbs Grayburg San Andres

4. Well Location
SL/BHL
Unit Letter M/N : 580/1316 Feet From The South Line and 755/1337 Feet From The West Line

Section 3 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3609.6' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☒	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:			☐

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.

Rig up 11-27-89. Acidize perfs 4300'-4372' with 3200 gals 20% NeFe HCl using ppi packer @ 2 setting - 200 gals per setting. Flush to perfs and return to production 12-1-89.

Before workover: 21 BOPD, 22 BWPD, 2 MCFD
After workvoer : 51 BOPD, 634 BWPD, 23 MCFD

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

SIGNATURE Amelia Hartman TITLE Assistant Admin. Analyst DATE 1-16-90

TYPE OR PRINT NAME Amelia Hartman TELEPHONE NO. (713) 584-7442

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR JAN 23 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: