

Submittal 3 Conting

10-1-1992

Division Office

State of New Mexico

Energy, Minerals and Natural Resources Department

Form G-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. 32-025- 28350
Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. A-1212-1
7. Lease Name or Unit Agreement Name - South Hobbs (GSA) Unit
8. Well No. 147
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 G-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	2. Name of Operator Amoco Production Company
3. Address of Operator P. O. Box 3092, Houston, TX 77253	4. Well Location Unit Letter C : 70 Feet From The North Line and 2570 Feet From The West Line Section 9 Township 19-S Range 38-E NMPM Lea County
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3604' GR	

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

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 1/2/92.
POH prod. equip. RIH w/pkr & tbg.
Acidized in 3 stages w/5000 gals 15% HCL & 1000 lbs rock salt. Flushed w/75 bbls fresh water. Released pkr & POH. RIH w/prod equip.
Rig released 1/3/92.
Returned to production.

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 1/28/92
TYPE OR PRINT NAME Kim A. Colvin TELEPHONE NO. 596-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FEB 04 '92