Submit 3 Copies

State of New Mexico

Form C-103

to Appropriate District Office							Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hob	obs. NM 88240	OIL CONS		N DIVISION		WELL API NO			
P.O.Box 2088						30-025-28351			
P.O. Drawer DD, Artesia, NM 88210						5. Indicate Ty	pe of Lease STATE	FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						6. State Oil & Gas Lease No.			
	CLINIDRY NOT	ICEC AND DE	DODTC ON M	/FLLC			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.)						7. Lease Name or Unit Agreement Name			
1. Type of Well	(1 0 1 1 1 1 0	101)101130011	THOPOSALS.			South Hobbs	GSA Unit		
OIL X	GAS WELL		OTHER						
2. Name of Operator						8. Well No.			
Amoco Production			(Room 17	.182)			148		
Address of operator P.O. Box 3092, Houston, Texas						9. Pool name or Wildcat			
P.O. Box 3092, 4. Well Location	Houston,	77253-3092			Hobbs Grayburg San Andres				
Unit Letter	•	O Feet From The	North	Line and	990/1	1305 Feet Fr	om TheEast	Line	
Section	9	Township	19S F	tange 38E	N	МРМ	Lea, NM	County	
		10. Elev	vation (Show wheth	ner DF, RKB, RT, GI	R, etc.)				
11.	<u> </u>	· · · · · · · · · · · · · · · · · · ·		3610 GL					
	Check App	ropriate Box	to Indicate 1	Nature of Noti					
N	OTICE OF INT	ENTION TO:		i	SUE	BSEQUENT F	REPORT OF:		
PERFORM REMEDIA	L WORK	PLUG AND ABA	NDON	REMEDIAL WO	RK		ALTERING CASING	i	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPN						PNS.	PLUG AND ABAND	ONMENT	
PULL OR ALTER CAS	SING			CASING TEST			TEGG MID NOME	OTHINE [
OTHER:				OTHER:		Acidi	ze	x	
12. Describe Proposed work.) SEE RUL	d or Completed Opera E 1103.	ations (Clearly state	all pertinent deta	ils, and give pertinen	ıt dates, ir	ncluding estimate	d date of starting any p	roposed	
PSA 4091'. LOAD	O X TST X 500 PS O GAL X FLUSH.	IX OK. ACD X 5 MAX TRTP 50 X	000 GAL 20% . AVG TRTP 0	ADDITIVES X 3 ST	AGES X	1500 GALS X	5' X POH X RIH X PK 400# SALT X 1500 X TBG. RBXIT X WE	GAL X	
I hereby certify that t	he information above	is true and comple	te to the best of m	y knowledge and bel	ief.				
SIGNATURE	uvina M.	Frince	<u> </u>	TITLE	Staff Ass	sistant	DATE08-09-9	33	
TYPE OR PRINT NAME			Devina M. Prir	ice			TELEPHONE NO.	(713) 596-7 68 6	
(This space for State									
		IGNED BY JAKE					AUG 13	1993	
APPROVED BY DISTRICT I SUPERVISION TITLE							DATE		

CONDITIONS OF APPROVAL, IF ANY: