Submit 3 Copies to Appropriate District Office

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- 28351

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
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:
South Hobbs (GSA) Unit

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator:
Amoco Production Company

8. Well No.
148

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

9. Pool name or Wildcat
Hobbs Grayburg - San Andres

4. Well Location
Unit Letter SL/BHL A : 192/0 Feet From The North Line and 990/1305 Feet From The East Line

Section 9 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3610' 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: Perf & Acidize [X]		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.

POH w/production tbg & equip. inspect X repair equip. as necessary.
Perf intervals 4236-46, 4274-90 w/4 JSPF.
Acidize new perfs 4236-4290 w/1300 gal 20% HCL using PPI pkr @ 2' spacing.
RIH w/workstring & pkr and set pkr. Acidize pay w/5000 gal 20% NE HCL.
Prlease pkr & POH
Return well 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 3/15/91

TYPE OR PRINT NAME Kim A. Colvin TELEPHONE 713/ 696-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: