STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease: State [X] Fee [ ]

5. 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.)

OIL WELL [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name:

Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: South Hobbs (GSA) Unit

Address of Operator: P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. Well No.: 148

Location of Well: SL/BHL UNIT LETTER A, 1920 FEET FROM THE North LINE AND 990/1305 FEET FROM THE East LINE, SECTION 9 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.): 3610' GL

12. County: Lea

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 [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Acidize [ ]	

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.

MISU 6-17-85 and POH w/ production equipment. RIH w/ 5½" PPI pkr and acidized in 2' intervals 4184'-88', 4201'-08', 4215'-18', 4220'-26, 4228'-34', 4236'-39', and 4246'-50' w/ 75 gal 15% NE HCL per setting. Reset pkr at 4020'. Pumped 1000 gal 15% NE HCL acid. Flushed w/ 24 BW. Kill well, rel pkr, and POH w/ tbg and pkr. RIH w/ 2 7/8" SN and tbg, SN LA 4295'. Installed production equipment and tested pump to 500 psi- OK. MOSU 6-19-85 and initiated pump testing. Pump tested well thru 6/24/85 and finaled Workover 6/25/85.

PPWO: 94 BOPD X 262 BWPD and Ø MCFD

PAWO 114 BOPD X 374 BWPD and Ø MCFD

O+S NMOCD-H, 1-JRB, 1-FJN, 1-NLG

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

SIGNED [signature] TITLE Administrative Analyst DATE 27 June 1985

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE JUL - 1 1985

CONDITIONS OF APPROVAL, IF ANY: