

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.

30-025-28354 ✓

5. 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.

151

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 C-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, Texas 77253-3092

4. Well Location

Unit Letter

B/N

710/  
22

Feet From The

North/  
South

Line and

2410/  
2471

Feet From The

East/west Line

Section

10/3

Township

19S/15E19

Range

38E

NMPM

Lea, NM

County

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

3603' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

RUSU 1/9/93. POH X PROD EQPT X RIH X BIT X DC'S X TBG X DO CIBP AT 4295' X PUSH TO 4437' X POH X RIH X PKR X ACD X 5000 GAL  
20% NE HCL X 3 STAGES (1500 GAL X 400# SALT X 1500 GAL X 600# SALT X 2000 GAL X FLUSH) X POH X RIH X PROD. EQPT X TEST.

RDSU 1/11/93 X RETURN TO PRODUCTION.

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

SIGNATURE

Devina M. Prince

TITLE

Staff Assistant

DATE 02-17-93

TYPE OR PRINT NAME

Devina M. Prince

TELEPHONE NO. (713) 596-7686

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

FEB 25 1993

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

