

OIL CONSERVATION DIVISION

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

Form O-103
Revised 10-1-73

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

State ☒	Fed ☐
S. 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 AREA TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT TO DRILL FORM O-101 FOR SUCH PROPOSALS.)

OIL WELL ☒	GAS WELL ☐	OTHER ☐
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Name of Operator
AMOCO PRODUCTION COMPANY

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

Location of well
SL/BHL UNIT LETTER D/H 1158/1310 FEET FROM THE North LINE AND 1568/1329 FEET FROM THE East LINE, SECTION 9 TOWNSHIP 19-S RANGE 38-E N.M.P.M.

7. Unit Agreement Name

8. Form of Lease Name

South Hobbs (GSA) Unit

9. Well No.

155

10. Field and Pool, or Whichever

Hobbs GSA

11. Elevation (Show whether DT, RT, GK, etc.)
3604' GL

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
PROBATIONARY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
DRILL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER <u>Acidized Well</u> ☒

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 6-21-85 and POH w/ prod. equip. RTH w/ 5 1/2" FPI pkr and 2 7/8" tbg. Pkr SA 4037'. Tested to 2000 psi-OK. Dropped IFE valve. after rel pkr. Ran tbg and reset pkr at 4240'. Pumped 1400 gal 15% NE HCL acid. Flushed w/ 25 BW water. Perf treatment: 1' intervals w/ 50 gal / interval, 4240'-34', 4229'-20', 4210'-08', 4194'-91', and 4184'-76'. Rel pkr, pulled tbg, and reset pkr at 4057'. Pumped 1000 gal 15% NE HCL w/ add. Flushed w/ 25 BW. Rel pkr and POH, RTH w/ 2 7/8" SN and tbg. SN LA 4266'. Ran rods and pump. Pks tested pump to 500 psi-OK. MOSU 6-25-85 and pump tested well through 7-1-85.

TPWD: 14 BOPD X 156 BWPD X OMCFD, TPWD: 23 BOPD X 303 BWPD X OMCFD

OHS NMOC-D-H, I-JRB, I-FJN, I-NLG

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

Signed by [Signature] TITLE Administrative Analyst DATE 4 July 1985

ORIGINAL SIGNED BY DISTRICT SUPERVISOR

Signed by _____ TITLE _____ DATE JUL - 9 1985

CONDITIONS OF APPROVAL, IF ANY: