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## 'tate of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DATE UL 26 1993

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O.Box 2088 WELL API NO. DISTRICT II P.O. Drawer DD, Artesia, NM 88210 30-025-28359 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE 🛂 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) South Hobbs GSA Unit 1. Type of Well OIL WELL 14 OTHER 2. Name of Operator 8. Well No. **Amoco Production Company** (Room 17.182) 156 3. Address of operator 9. Pool name or Wildcat P.O. Box 3092. Houston. Texas 77253-3092 Hobbs Grayburg-San Andres 4. Well Location SL/BHL 1370/ Unit Letter 1343 Feet From The Line and 330/52 Feet From The Line Section 9 Township 198 Range 38E **NMPM** Lea, NM County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 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: 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. 1. POH WITH PRODUCTION TBG X EQUIP. INSPECT X REPAIR EQUIPMENT AS NECESSARY. 2. ACIDIZE PAY W/ 3750 GAL 20% NE HCL CONTAINING 2 GAL/1000 GAL WA-211; 2 GAL/1000 GAL WA-212 USE PPI PACKER WITH 4 FOOT SPACING 50 GAL/FT. 3. FLUSH TO PERFS WITH 75 BBLS CLEAN WATER. 4. RELEASE PKR AND POH. 5. RIH WITH PRODUCTION EQUIPMENT AS PULLED ABOVE X RETURN WELL TO PRODUCTION. 6. PUMP SCALE SQUEEZE TO INHIBIT SCALE FORMATION. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Staff Assistant 07-20-93 TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 596-7686 (This space for State Use) Orig. Signed by

TITLE

APPROVED BY \_

Paul Kauts Geologist

