

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89Submit 3 Copies
to Appropriate
District OfficeDISTRICT I
P.O. Box 1980, Hobbs, NM 88240DISTRICT II
P.O. Drawer DD, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-28359 ✓

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

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

8. Well No.

156

3. Address of operator

P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat

Hobbs Grayburg San Andres

4. Well Location

Unit Letter SL/
BHLH : 1370/
1343

Feet From The

North

Line and

330/
52

Feet From The

East

Line

Section

9

Township

19S

Range

38E

NMPM

Lea, NM

County

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

3609.9' 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: ☐ ACIDIZE ☒

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 9/11/92. POH X ESP EQPT X RIH X BIT X SCRAPER X TBG X TAG AT 4314' X POH X RIH X PACKER X SET AT 4027' X ACD X 3 STAGES X 1500 GAL 400# SALT X 1500 GAL X 600# SALT X 2000 GAL X 5000 GAL 20% NE HCL X FLUSH X REL PACKER X POH X REPLACE ESP PMP X RIH X ESP EQPT X WELL PUMPED UP IN 1.5 MINS X 100 PSI.

RDSU 9/14/92 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

APPROVED BY

TITLE

DATE

FEB 25 1993

CONDITIONS OF APPROVAL, IF ANY:

