Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30 025 28359

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: South Hobbs (GSA) Unit

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Amoco Production Company

8. Well No. 156

3. Address of Operator: P. O. Box 3092 Houston, Tx 77253

9. Pool name or Wildcat: Hobbs Grayburg San Andres

4. Well Location
SL/BHL
Unit Letter H : 1370/1343 Feet From The North Line and 330/52 Feet From The EAST Line

Section 9 Township 19-S Range 38-E NMPM LEA 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	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.

MI RUSU 4-15-89 POH w/ Prod. EQUIPMENT. R 4 3/4 BIT And 5 1/2 CASING SCRAPPER. ACIDIZE Perfs w/ 4300 gal 20% NE HCL USING PPI PACKER @ 4' SPACING AND gal per foot. FLUSH w/ BW RETURN well to Production

RDSU 4-17-89

BWO: 48 BOPD 650 BWPD 19 MCF

AWO: 70 BOPD 802 BWPD 48 MCF

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

SIGNATURE B. T. Steele TITLE Admin. Analyst DATE 5-30-89

TYPE OR PRINT NAME Blake T. STEELE TELEPHONE NO. 713-584-7322

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

JUN 2 1989

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: