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

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

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-28360 ✓

5. Indicate Type of Lease 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" (FORM C-101) FOR SUCH PROPOSALS.)

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

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

2. Name of Operator: Amoco Production Company

8. Well No. 157

3. Address of operator: P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat: Hobbs Grayburg San Andres

4. Well Location SL/ BHL 1245/ Unit Letter D : 1269 Feet From The North Line and 1245/ 1295 Feet From The West Line

Section 10 Township 19S Range 38E NMPM Lea, NM County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)* 3605.7' GR

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 9/15/92. POH X ESP EQPT X RIH X BIT X SCRAPER X TBG X TAG AT 4258' X POH X RIH X PACKER X SET AT 4027' X ACD X 5000 GAL 20% NE HCL X 3 STAGES X 1500 GAL 400# SALT X 1500 GAL X 600# SALT X 2000 GAL X FLUSH X REL PACKER X POH X RIH X ESP EQPT X REPLACED SEAL X MOTOR X WELL PUMPED UP IN 4 MINS X 50 PSI.

RDSU 9/17/92 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: