

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator <i>Amoco Production Company</i>	8. Farm or Lease Name <i>South Holly (GSA) Unit</i>
3. Address of Operator <i>P.O. Box 68, Hobbs NM 88240</i>	9. Well No. <i>158</i>
4. Location of Well UNIT LETTER <i>C</i> <i>1245</i> FEET FROM THE <i>North</i> LINE AND <i>2475</i> FEET FROM THE <i>West</i> LINE, SECTION <i>10</i> TOWNSHIP <i>19-S</i> RANGE <i>38-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Hobbs GSA</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3608.5' GR</i>	12. County <i>Lea</i>

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 ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☒ <i>Perforate and acidize</i>

17. 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 11-3-84 and POH with production equipment. Perfed San Andres intervals 4170-4186' w/2SPF using a 3 1/8" gun. RIH with PPDP, set at 4232'. Pumped 1300 gals 15% NE HCl acid, acidized each individual perf 4228-32, 4216-20, 4197-4202 & 4174-86 with 50 gals 15% NE HCl acid. Flushed with 24 BW and fished AFC valve. POH and RIH with production equipment. Seating nipple landed at 4213. Tested pump to 500 psi, tested OK. MOSU 11-6-84 Pump tested approx 6 days, last 24 hrs pumped 5 BO and 95 BW. Returned well to production.

45 NMCD, H 1-J.R. Barnett, Hon 1-F.J. Nash, Hon 1-GCC 1-Retro Lewis

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

SIGNED *Gary C. Clark* TITLE *Asst. Admin. Analyst* DATE *11-15-84*

ORIGINAL SIGNED BY OFFICE SECRETARY
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE *NOV 16 1984*

CONDITIONS OF APPROVAL, IF ANY: