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. 30-025-28364

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. 161

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

9. Pool name or Wildcat: Hobbs Grayburg San Andres

4. Well Location
Unit Letter G : 2631 Feet From The North Line and 1331 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.) 3596 GR

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 8-30-89 Pull Rods and Pump. RAN 4 3/4 BIT AND 5 1/2 CSG Scrapper. Acidize Perfs 4162' to 4205' with 2100 GALS 20% NE HCL. ATTEMPTED TO USE PPI PKR @ 2FT SPACING - Perfs communicated Pulled up ABOVE Perfs AND pumped Acid. Returned WELL TO Production.

RD SU 9-12-89

BWO: 5 BO x 396 BW x 2 MCF

AWO: 10 BO x 508 BW x 0 MCF

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

SIGNATURE Blake T. Steele TITLE Admin. Analyst DATE 11-15-89

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE NOV 20 1989

CONDITIONS OF APPROVAL, IF ANY: