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

Form C-103
Revised 10-1-73

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- Water Injection

7. Unit Agreement Name

2. Name of Operator: AMOCO PRODUCTION COMPANY

8. Farm or Lease Name: South Hobbs (GSA) Unit

3. Address of Operator: P.O. Box 4072, Odessa, Texas 79760

9. Well No.: Coop No. 13

4. Location of Well: SL/BHL UNIT LETTER B, 505/10 FEET FROM THE North LINE AND 2560/2630 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat: Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.): 3609.2' GL

12. County: Lea

16. 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 ☐			COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐	
PULL OR ALTER CASING ☐	CHANGE PLANS ☐		CASING TEST AND CEMENT JOB ☐		
OTHER ☐			OTHER ☐		

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.

MI and RUSU 04-11-88 to acidize well to increase injectivity. Pull injection tubing and packer. Run packer and workstring and set packer at 4084'. Acidize from 4240-48, 4250-52, 4254-62, 4268-76, 4282-84, 4287-94, 4296-98 and 4301 to 4303 with 2925 gallons of 20% NE HCl. Run injection packer and tubing and displace hole with packer fluid. Set packer at 4099 and test casing and packer to 550 PSI for 30 minutes and test OK. RD and MOSU 04-13-88 and return well to injection.

IPWO: 950 BWIPD at 730 PSI
IAWO: 1330 BWIPD at 690 PSI

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

SIGNED O. M. Mitchell TITLE Sr. Admin. Analyst DATE 04-22-88

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE APR 27 1988

CONDITIONS OF APPROVAL, IF ANY: