

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

State ☒	Fed ☐
State Oil & Gas Lease No. A-1646-S	

SUMMARY 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-103) FOR SUCH PROPOSALS.

OIL WELL ☒	CAS WELL ☐	OTHER ☐	1. Unit Agreement Name
Name of Operator AMOCO PRODUCTION COMPANY			6. Name of Lease Name South Hobbs (GSA) Unit
Address of Operator P.O. BOX 68 HOBBS, NEW MEXICO 88240			9. Well No. 176
Location of well SL/BHL UNIT LETTER A/D 1200/1151 FEET FROM THE North LINE AND 213/129 FEET FROM THE East/West LINE, SECTION 6/5 TOWNSHIP 19-S RANGE 38-E			10. Field and Pool, or Whichever Hobbs GSA
11. Elevation (Show whether Dr., RT, GR, etc.) 3622.0' GR			12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
PERMANENTLY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
OR ALTER CASING ☐	OTHER ☒	CASING TEST AND CEMENT JOB ☐	
OTHER Squeeze, Perf, and Acidize			

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.

Propose to: MISC and POH w/ production equipment. RTH w/ cmt ret and SA 4100' Pump 50' sx class 'C' cmt w/ add. Pump at low rates and pressures to avoid fracturing the formation. Squeeze to 1000 psi. Rev out excess cmt. POH and WOC. RTH w/ bit and DO to 4230'. Pres test squeeze to 1000 psi. Circ hole w/ clean water. POH w/ bit. RTH and perf 4181'-84', 4200'-16', and 4219'-21' w/ 4 jsfp utilizing a 3 1/8" csg gun and 90° phasing. RTH w/ PPI pk and collar locator. Pump 15 bbls water to flush the log. Run fluid plug and RFC valve on wireline. Acidize in 1' intervals 4200'-16' w/ 50 gal 15% NE HCL per 1' setting. (800 gal of acid total). Rerun production equip. MISC and return well to production.

OTS NMOC-H, 1-JRB, 1-FJN, 1-NLG

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

Signed by <u>[Signature]</u>	TITLE <u>Administrative Analyst</u>	DATE <u>15 July 1985</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR	TITLE _____	DATE <u>JUL 17 1985</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		