

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- 28975

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.  
A-1212-1

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

8. Well No.  
177

9. Pool name or Wildcat  
Hobbs Grayburg - San Andres

**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. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator  
Amoco Production Company

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

4. Well Location  
SL/BHL  
Unit Letter D : 592/665 Feet From The North Line and 416/725 Feet From The West Line  
Section 5 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)  
3621.8' 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: Perf & 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.

Rig up 11/25/91  
Tag at 4223' & perf interval 4105'-4125'. POH & RIH w/PPI pkr & tbg. Acidized perfs  
4105'-4125' at 2' spacing w/6000 gals 20% HCL & 1000 lbs rock salt. Released  
pkr & POH.  
RIH w/ESP equip & tbg.  
Rig released 11/27/91  
Returned to production

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 12/10/91  
713/  
TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 596-7686

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: