Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, M. rals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O.Box 2088			WELL API NO.	
DISTRICT II Santa Fe New Mexico 87504-2088		30-025-28976			
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas	STATE FEE X 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		
1. Type of Well OIL WELL X GAS WELL	OTHER		South I	Hobbs (GSA) Unit	
2. Name of Operator			8. Well No.		
Amoco Production Company			178		
3. Address of operator		9. Pool name or Wildcat			
P.O. Box 3092, Houston, 4. Well Location SL/BHL	Texas 77253-30	992	Hobbs G	Grayburg San Andres	
Unit Letter C : 862/7	26 Feet From The North	Line and1745/	1830 Feet From T	The West Line	
Section 5	Township 19-S	Range 38-E N	МРМ	Lea, NM County	
		ther DF, RKB, RT, GR, etc.) 3624.3' GR		and the second s	
11. Check Apr	propriate Box to Indicate	Nature of Notice, Re	port or Other	Data	
NOTICE OF INT		1	SEQUENT REPO		
				- Citi	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PLI	UG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEN	ENT JOB		
OTHER:		OTHER:	Acidize		
12. Describe Proposed or Completed Oper work.) SEE RULE 1103.	ations (Clearly state all pertinent deta	ails, and give pertinent dates, ir	cluding estimated date	e of starting any proposed	
MIRUSU (7/19/94) X RTXIB X PTG X SONIC HAMMER X ACD X 4050 GA POH X SONIC HAMMER X RIH X ES	L 20% NE HCL X ADDITIVES X	MAX TRTP 1831 X AVG TE	RTP 1425 X AIR 4.4	4 BPM X ISIP O X FLUSH X	
I hereby certify that the information above	e is true and complete to the best of n	ny knowledge and belief.			
SIGNATURE NUMBER	M. (Thince	TITLE Staff Ass	istant	DATE07-21-94	
TYPE OR PRINT NAME	Devina M. Pri	nce		TELEPHONE NO. (713) 366-768	
(This space for State Use)		ORIGINAL SIGNED 3		JUL 26 199	
APPROVED BY		TITLE	<u> </u>	- DATE	