Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 28979
30-025-~~27979~~

5. Indicate Type of Lease STATE [ ] FEE [XX]

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.)

1. Type of Well: OIL WELL [XX] GAS WELL [ ] OTHER

7. Lease Name or Unit Agreement Name: South Hobbs (GSA) Unit

2. Name of Operator: Amoco Production Company

8. Well No.: 181

3. Address of Operator: P. O. Box 3092, Houston, TX 77253-3092 (Rm 17.182)

9. Pool name or Wildcat: Hobbs Grayburg-San Andres

4. Well Location

SL/BHL ~~Unit~~ Letter A/B : 1120/1308 Feet From The North Line and 1275/~~1273~~/1321 Feet From The East Line

Section 5 Township 19S Range 38E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3617.9 GL

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	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: Workover/Acidize			[XX]

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.

12/15/92 MIRUSU X KILL WELL X RTXIB X PTG X ESP EQPT X RIH X BIT X SCRAPER X TBG X TAG AT 4216 X PU ABV PERFS X SDON

12/16/92 FIN POH X RIH X PKR X SA 4029' X LOAD X TST X 500 PSI X ACD X 5000 GAL 20% X ADDITIVES X 3 STAGES X 1500 GAL X 400# SALT X 1500 GAL X 600# SALT X 2000 GAL X FLUSH X MAX TRTP 100 X AVG TRTP 90 X AIR 5 BPM X ISIP 0 X SDON.

12/17/92 REL PKR X POH X RIH X ESP EQPT X 2-3/8" TBG X RBXIT X WELL PMP UP IN 3-1/2 MIN X 50 PSI X RETURN TO PRODUCTION. RDSU 12/17/92.

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

SIGNATURE Devina M. Prince TITLE Staff Assistant DATE 12-29-92

TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. 713/596-7686

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN - 6 1993

CONDITIONS OF APPROVAL, IF ANY: