

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-7

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- <u>Injection</u>	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Form of Lease Name <u>South Hobbs (GSA) Unit</u>
3. Address of Operator P.O. Box 68, Hobbs, NM 88240	9. Well No. <u>193</u>
4. Location of Well UNIT LETTER <u>P</u> <u>945</u> FEET FROM THE <u>South</u> LINE AND <u>270</u> FEET FROM THE <u>East</u> LINE, SECTION <u>5</u> TOWNSHIP <u>19S</u> RANGE <u>38E</u> NMPM.	10. Field and Pool, or Wildcat <u>Hobbs GSA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3605.2 GR</u>	12. County <u>Lea</u>

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <u>perf and acidizing</u> ☒

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.

MISU 12-3-84. Jagged cmt. at 4110'. Drilled out cmt. 4110'-4240'. Circulated clean. Drilled out 4240'-4275'. Perforated San Andres 4124'-4127', 4133'-4139', 4148'-4160', 4162'-4164', 4167'-4182', 4191'-4201', 4207'-4214', 4216'-4226', 4228'-4230' with 4SPF. Set pkts. at 3800'. Acidized with 2900 gals. 15% NE HCL. Released pkts. and pulled tbg. Pumped 900 gals. 15% NE HCL. Set pkts. at 4000' and pumped 2900 gals. 15% NE HCL. Ran tbg. and set pkts. at 3998'. MISU 12-8-84. No further report until injection commences.

+5-nmocr, H 1-JRB 1-FJN 1-GCC 1-Juxaco 1-Sun 1-Shell 1-P.L. 2 Arco

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

SIGNED Bonita Coble ADMINISTRATIVE ANALYST DATE 1-11-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 15 1985

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 14 1985

O.C.D.
HODAS OFFICE