

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

STRICTLY I
1. San Juan, Hobbs, NM 88240

STRICTLY II
2. Denver DD, Aztec, NM 88220

STRICTLY III
3. Rio Arriba RA, Aztec, NM 87410

WELL API NO.

30-025- 28986

5. Indicate Type of Lease.

STATE ☐

FEE ☒

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 9-89) FOR SUCH PROPOSALS.

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

Type of Well:

OIL WELL ☒

GAS WELL ☐

OTHER ☐

Name of Operator:

Amoco Production Company

8. Well No.

196

Address of Operator:

P. O. Box 3092, Houston, TX 77253

9. Post name or Wellhead:

Hobbs Grayburg - San Andres

Well Location:

Unit Letter M : 245 Feet From The South Line and 96 Feet From The West Line

Section 4 Township 19-S Range 38-E NMPM Lea County Lea

10. Elevation (Show whether OF, RKB, RT, GR, etc.)

3605.0' GR

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 ☐

ALL OR ALTER CASING ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPERATIONS ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Acidize ☒

2. 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.

RUSU 2/13/91

Packer set at 4035'. Loaded & pressured casing 500 SPI-OK.

Acidized interval 4110 - 4332 w/5000 gals 20% NE HCL in 3 stages separated by two 600# rock salt blocks. Flush w/40 BW.

RDSU 2/15/91

Return well 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 5/15/91

TYPE OR PRINT NAME Kim A. Colvin TELEPHONE 713/ 596-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

COMMENTS OF OPERATOR, IF ANY: