

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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-

7. Unit Agreement Name

8. Farm or Lease Name

South Hobbs Unit (GSA)

9. Well No.

190

10. Field and Pool, or Wildcat

Hobbs GSA

UNIT LETTER I 1568 FEET FROM THE South LINE AND 1105 FEET FROM
THE East LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)

3610.7 GR

12. County

LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Acidize and perforate ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

7. 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 4-9-85 and POH w/ production equipment. RIH w/ 5-1/2" PKR and SA 3968'. R Base Gamma Ray Temp survey. Pumped 4000 gal 15% NE HCL gelled acid w/ 165 gals checkersol. Tagged acid w/ Radio active material, flushed w/ 25 BW, and ran after acid Gamma Ray Temp. survey. Rel pkr and POH w/ 2-7/8" tbg and 5-1/2" pkr. RW WL and R- 3 1/8" csg gun. Perfed interval 4092'-96' w/ 4 JSPF and POH. RIH w/ 2-7/8" SN and 2-7/8" tbg. Landed SN at 4237. Installed production equip and MOSU 4-11-85. Returned well to production w/ prod. after W.O. = 40 BOPD, 362 BWPD, and 93 MCFD.

0+5 NMOCD H, 1-JRB, 1-FSN, 1-NLG, 1-Tex, 1-SUN, 1-Shell-PL, 2-Arco

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

CHD W. L. Gater TITLE Administrative Analyst DATE 23 April 1985

ORIGIN EXTON

PROVED BY DISTRICT SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 24 1985

G.L.B.
HOBBS OFFICE