

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-

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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
2. Name of Operator <i>Amoco Production Company</i>	8. Farm or Lease Name <i>South Hobbs (GSA) Unit</i>
3. Address of Operator <i>P.O. Box 68, Hobbs NM 88240</i>	9. Well No. <i>190</i>
4. Location of Well UNIT LETTER <i>I</i> <i>1568</i> FEET FROM THE <i>South</i> LINE AND <i>1105</i> FEET FROM THE <i>East</i> LINE, SECTION <i>5</i> TOWNSHIP <i>19-S</i> RANGE <i>38-E</i> NMPM.	10. Field and Pool, or Wildcat <i>Hobbs GSA</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3610.7' GR</i>	12. County <i>Lea</i>

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

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Drilled to TD of 4300' and on 1-7-85 set 5 1/2" 15.5 # K-55 csg. Csg set at 4300' and cemented with 1200 sxs class 'A' self-stress. Circulated 38 sxs to pit. Plug down 11:45 am 1-7-85. External casing pkr set at 1446'. Csg test will be performed when MISU. No further report until MISU.

075 NMOC, H 1-JRB 1-FJN 1-GCC 1-Tex 1-Sun 1-Shell 1-PL 2-Arco

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

SIGNED *Mary C. Clark* TITLE *Asst. Admin. Analyst* DATE *1-8-85*

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE *JAN 10 1985*

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN -9 1985

C.C.O.
MOBILE OFFICE