

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO. 30-025-29083
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 C-101) FOR SUCH PROPOSALS.)

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

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

8. Well No.
184

2. Name of Operator
Amoco Production Company

9. Pool name or Wildcat
Hobbs Grayburg - San Andres

3. Address of Operator
P. O. Box 3092, Houston, TX 77253

4. Well Location SL/BHL
Unit Letter F : 1766/2637 Feet From The North Line and 2488/2597 Feet From The West Line

Section 5 Township 19S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3621' GR

11. 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 ☐
PULL OR ALTER CASING ☐
OTHER: _____ ☐

SUBSEQUENT REPORT OF:

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

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.

RUSU 8-22-90

Acidize perms 4062-4203 w/4980 gals 20% HCL using PPI packer
@ 4 ft spacing

RDSU 8-23-90

Return to production

BWD: 118 BOPD 651 BWPD 10 MCFD

AWD: 130 BOPD 1000 BWPD 99 MCFD

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

SIGNATURE Matthew C. Wines

TITLE Administrative Analyst

DATE 12-4-90

TYPE OR PRINT NAME Matthew C. Wines

713/
TELEPHONE NO. 556-3744

(This space for State Use)

John Kautz
Geologist

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: