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 10-1-73

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.)

7. Unit Agreement Name

OIL WELL ☒ GAS WELL ☐ OTHER-

2. Name of Operator
Amoco Production Company

8. Farm or Lease Name
South Hobbs (GSA) Unit

3. Address of Operator
P.O. Box 68 Hobbs, NM 88240

9. Well No.
184

4. Location of Well
SL/BHL UNIT LETTER F 1766/2637 FEET FROM THE North LINE AND 2488/2597 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 19-S RANGE 38-E NMPM.

10. Field and Pool, or Wildcat
Hobbs GSA

15. Elevation (Show whether DF, RT, GR, etc.)
3618.9' GR

12. County
LEA

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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER Acidize ☒	

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 4-10-85 and POH w/ production equipment. RIH w/ 5 1/2" pkr and 2 7/8" tbg. PSA 4109'. R Base Gamma Ray Temp survey and POH. Pump 4000 gal 15% NE HCL Acid w/ additives and radio active mat. Flush w/ 27 BW and R after acid Gamma Ray Temp Survey. RD WL and POH w/ 2-7/8" tbg and pkr. RIH w/ 2-7/8" SN and 2-7/8" tbg. SN LA 4427'. Install production equip Loaded and tsted tbg and pump to 500 psi — OK. MOSU 4-12-85, Returned well to production. w/ production after W.O. = 27 BO, 222 BW and 23 MCF in 24 hrs.

OTS NMOCD-H, 1-JRB, 1-FJN, 1-NLG

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

SIGNED M. L. Slater TITLE Administrative Analyst DATE 23 April 1985

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: