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

Form C-103
Revised 10-1-7.

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
A-1646-5

SUNDARY 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 AMOCO PRODUCTION COMPANY	8. Farm or Lease Name <u>South Hobbs (GSA) Unit</u>
3. Address of Operator P. O. BOX 68 HOBBS, NEW MEXICO 88240	9. Well No. <u>199</u>
4. Location of Well UNIT LETTER <u>B</u> <u>1028</u> FEET FROM THE <u>North</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>19-S</u> RANGE <u>38-E</u> NMPM.	10. Field and Pool, or Wildcat <u>Hobbs GSA</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3630.2' GL</u>	12. County <u>Lea</u>

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER <u>Completion work</u> ☒

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 11-29-85. Drilled out cement to 4124'. Perforated 4014'-4116' w/4 JSPF. RIHW/PPI packer set on 4' spacing. Acidized with 100 gals 15% NE HCl acid per setting. Flushed w/24 BW. Spotted 700# 12/20 sand and plugged back to 4080'. Set packer at 3899' and fractured w/5500 gals linear HPG gel, 6500# 20/40 Ottawa sand, and 198 gals diesel. Drilled out sand to 4137' RIHW/rod, pump and tubing. MISU 12-10-85 and pump tested. Operations completed 12-21-85.

O+5 NMOC-D-H 1-JRB 1-FJN 1-CMH 1-Shell 1-ARCO 1-Sun

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

SIGNED Charles M. Herring TITLE ADMINISTRATIVE ANALYST (SG) DATE 12/27/85
ORIGINAL SIGNED BY JERRY T. TON
DISTRICT 1 SUPERVISOR
APPROVED BY _____ TITLE _____ DATE DEC 31 1985
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

DEC 27 1985

OFFICE
HOSPITAL