

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-77

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

A-1646-5

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 AMOCO PRODUCTION COMPANY	8. Farm or Lease Name <i>South Hobbs (GSA) Unit</i>
3. Address of Operator P. O. BOX 68 HOBBS, NEW MEXICO 88240	9. Well No. <i>201</i>
4. Location of Well UNIT LETTER <i>H</i> <i>2310</i> FEET FROM THE <i>North</i> LINE AND <i>1028</i> FEET FROM THE <i>East</i> LINE, SECTION <i>6</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>3628.5' GL</i>	12. County <i>Lea</i>

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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☒ <i>Completion Work</i>

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.

MISC 12-2-85. Drilled out cement to 4108'. Pressure tested casing 1500 psi for 30 mins. Perforated 3981'-4088' w/45PF. RIH w/ API Packer and acidized with 100 gals 15% NE HCl per 4' setting. Plugged back w/sand to 4050'. Set packer at 3842' and fractured with 6000 gals HP G gel, 300 gals diesel, 9625 # 20/40 Ottawa sand. Cleaned out sand to 4105'. RIH w/ rods, pump, and tubing. MISC 12-12-85 and pump tested. Operations completed 12-25-85.

0+5 NMOC-D-#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 *JOHN J. TON*
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE *DEC 31 1985*

CONDITIONS OF APPROVAL, IF ANY: