

Form 3 Copies
Approved
and Office

Energy, Minerals and Natural Resources Department

Form O-385
Revised 3-1-88

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICTLY
1. Jan 1988, Santa Fe, NM 87508

STRICTLY
2. Denver CO, Denver, NM 82228

STRICTLY
3. El Paso, El Paso, NM 87418

WELL API NO.

30-025- 29519

1. Indicate Type of Lease-

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

A-1646-5

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

2. Well No.

206

3. Post name or Well Name

Hobbs Grayburg - San Andres

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT PERMITTEE- USE APPLICATION FOR PERMIT
(FORM O-384) FOR SUCH PROPOSALS

Type of Well

OIL
WELL ☐

GAS
WELL ☐

OTHER ☒ Water Injector

Name of Operator

Amoco Production Company

Address of Operator

P. O. Box 3092, Houston, TX 77253

Well Location

Unit Later H : 1640 Feet from the North Line and 280 Feet from the East Line

Section 6 Township 19-S Range 38-E NMPM Lea County

1/4 Section (Show corner of 1/4, 1/2, 3/4, etc.)

3625.6' GR

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 ☐

WELL OR ALTER CASING ☐

NOTE: Squeeze casing leak ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPERATIONS ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

2. 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.

Spot 15% HCL acid across leak at 343' to soak. Pump acid into leak X attempt to break down X circulate.

Pump 5-10 sx micro-bond cement X reverse-out any excess.

Pressure-up to 1000#s X hold pressure overnight.

Drill out cement X prs test aqueeze.

Release pkr & POH.

RIH w/injection equipment as pulled X return well to injection at a pressure limit of 830 PSI.

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

Kim A. Colvin

Asst. Admin. Analyst

DATE 6/3/91

TYPED NAME: Kim A. Colvin

713/

TELEPHONE 996-7686

This space for date filed

APPROVED BY

DATE

DATE