

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

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DISTRIBUTION	
SANTA FE	
FILZ	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
A-1212-1

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Injection</u>	7. Unit Agreement Name
2. Name of Operator <u>AMOCO PRODUCTION COMPANY</u>	8. Farm or Lease Name <u>South Hobbs (GSA) Unit</u>
3. Address of Operator <u>P.O. BOX 68, HOBBS, NEW MEXICO 88240</u>	9. Well No. <u>207</u>
4. Location of Well UNIT LETTER <u>L</u> <u>1944</u> FEET FROM THE <u>South</u> LINE AND <u>624</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</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>3619.5' GR</u>	12. County <u>Lea</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Report Commence Injection ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 1703.

Commenced water injection 3-5-86.
IAWO: 103 BWPD x 90 PSI.

0+5 NMOC-D-H 1-JRB HOU RM 21.156 1-FJN HOU RM 4.206 1-ARCCO 1-SHELL 1-SUN 1-WF 1-BAO

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

SIGNED Beverly A. Ottwell TITLE SR. ADMINISTRATIVE ANALYST DATE 3-6-86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE MAR 10 1986

RECEIVED
MAR 7 - 1986
D.C.D.
HOBBS OFFICE