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 10-1-7

5a. Indicate Type of Lease: State [X] 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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [ ] GAS WELL [ ] OTHER- Injection
7. Unit Agreement Name:
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, NEW MEXICO 88240
9. Well No.: 208
4. Location of Well: UNIT LETTER N, 931 FEET FROM THE South LINE AND 2263 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.): 3613.7' 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 Completion Work [X]	

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 1-2-86. RIH w/bit and drilled out cement and DV Tool from 3698'-3810'. Pressure tested 1500 psi-ok. Drilled out cement to 4280' and pressure tested 1500 psi-ok. Perforated 4149-4', 4165-90', 4194-4205' with 4 JSPF. RIH w/PPI Packer and acidized perfs 4205-4149' with 50 gals 7½% HCL per 1' spacing. Pulled up and set packer at 4104'. Acidized with 1000 gals 15% NE HCL. POH with packer and tubing. RIH w/ injection packer and tubing. Set packer and pressure tested. MOSU 1-8-86. Commenced installing injection equipment. No further report until injection commences.

0+5 NMOCD-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 1-14-86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 15 1986

CONDITIONS OF APPROVAL, IF ANY: