

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-29730
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1212-1
7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
8. Well No. 214
9. Pool name or Wildcat Hobbs; Grayburg-San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3605.7 gr

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. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Amoco Production Company

3. Address of Operator Attn: T G Tullos, M/C 17.166
P O Box 4891, Houston, TX 77210

4. Well Location
Unit Letter E : 1720 Feet From The North Line and 549 Feet From The West Line
Section 4 Township 19-S Range 38-E NMMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: treat with chemical <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

See attached procedure

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

SIGNATURE Tom G. Tullos TITLE Sr. Business Analyst DATE 08-13-96
(713)
TYPE OR PRINT NAME Tom G. Tullos TELEPHONE NO. 366-7337

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SHU PW 214 - Workover Brief

Procedure

1. Shut-down well at least one hour prior to pumptime.
2. RU Halliburton pump truck.
3. Pump 8.5 bbls (at .5 BPM) down casing of the following mixture:

251 gals BaSO₄ slt
107 gals fresh water
4. Flush with 17 bbls produced water at same treating rate.
5. Let well soak for 9-10 hours.
6. RU Kill Truck. Flush with 7 bbls produced water down casing.
7. Soak minimum 15 hours.
8. RTP.