

DISTRICT I
O. Box 1989, Hobbs, NM 88240

DISTRICT II
O. Denver DD, Artesia, NM 88210

DISTRICT III
20 Rio Arriba Rd., Alamo, 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 ☒ FEE ☐	
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. Foot name or Width. 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 RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	Name of Operator: Amoco Production Company
Address of Operator: P. O. Box 3092, Houston, TX 77253	Well Location:

Unit Letter <u>E</u>	: <u>1720</u> Feet From The <u>North</u> Line and <u>549</u> Feet From The <u>West</u> Line
Section <u>4</u>	Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County
M. Elevation (Show whether OP, RCL, RT, CR, etc.) <u>3605.7' GL</u>	

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 ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: <u>Perforate & acidize</u> ☒		OTHER: ☐	

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.

POH w/ production tbgs. & equip. Inspect & repair as necessary,
Perf intervals 4083-89, 4092-4104, 4122-32, 4152-60, 4210-4236, 4240-60,
4268-78 w/ 4 JSPF.
Acidize new perfs 4083-4278 w/4600 gal 20% HCL using PPI pkr @ 2' spacing.
RIH w/ workstring & pkr @ set pkr. Acidize pay w/5000 gal 20% NE HCL.
Release pkr & POH
Return well to production

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 3-15-91

TYPE OR PRINT NAME Kim A. Colvin TELEPHONE 713/596-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

COMMISSIONER OF GEOTECHNICAL & AERIAL _____