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 10-1-73

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.

## 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- Water 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 4072, Odessa, Texas 79760
9. Well No.: 212
4. Location of Well: UNIT LETTER SL/BHL F/C . 2589/2465 FEET FROM THE West LINE AND 1478/874 FEET FROM THE North 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.): 3622.1' GL
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 [X] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | CHANGE PLANS [ ] | CASING TEST AND CEMENT JOB [ ] | |
| OTHER [ ] | | OTHER [ ] | |

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.

MI and RUSU 02-26-88 to acidize well to increase injectivity. Release packer and pull injection tubing and packer. Run bit and tubing and tag PBTD at 4335'. Run PPIP set on 2-foot spacing and acidize from 4191-4211', 4219-34', 4238-59', 4263-72', 4278-82' and 4285' to 4291' with 75 Gal/Ft of 20% NE HCl. Run injection packer and tubing. Displace hole with packer fluid and set packer at 4102'. Test casing and packer to 570 PSI for 30-minutes and test OK. RD and MOSU 03-01-88 and return well to injection.

IPWO: 1100 BWIPD at 780 PSI
IAWO: 2500 BWIPD on Vac.

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

SIGNED D. M. Mitchell TITLE Sr. Admin. Analyst DATE 03-21-88
D. M. MITCHELL

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: