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State of New Mexico

Form C-103

Energy, Minerals and Natural Resources Department **Revised 1-1-89** District Office OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O.Box 2088 30-025-29756 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE V FFF DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) South Hobbs GSA Unit 1. Type of Well OIL WELL Water Injector OTHER 2. Name of Operator 8. Well No. Amoco Production Company (Room 18.108) 218 3. Address of operator 9. Pool name or Wildcat P.O. Box 3092, Houston, Texas 77253-3092 Hobbs Grayburg San Andres 4. Well Location 5L/BHL 652 Unit Letter North Feet From The 563/280 Line and Feet From The Line Section Township 195 Range 38E **NMPM** Lea, NM County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3617.9' GR 11. 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 OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: 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. MIXRU SU (12-13-93) X RTXIB. REL PKR X POH X PU BIT X SCRAPER X 2-7/8" WS. TAG @ 4337FT X POH. RIH X PPI PKR X 4FT SPACING X ACD 5000 GAL 20% NE HCL X ADDITIVES 50 GAL/FT. FLUSH X MAX TRTP 3470 X AVG TRTP 1550 X AIR 2 BPM X REL PKR X POH. LD WS X CHANGE RAMS X RIH X INJ PKR X PC TBG. PMP PKR FL X RBXIT X PSA 4016FT X TST X 550 PSI X 30 MIN X OK RET TO INJ (12-15-93). I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 01-03-94 SIGNATURE Staff Assistant __ TITLE __ TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

JAN 117 1994

DATE -

DISTRICT I SUPERVISOR APPROVED BY ___

TITLE

CONDITIONS OF APPROVAL, IF ANY: