STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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.: 218
4. Location of Well: UNIT LETTER SL/BHL A . 652/985 FEET FROM THE North LINE AND 563/280 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 19-S RANGE 38-E NMPM.
10. Field and Pool, or Wildcat: Hobbs GSA
15. Elevation (Show whether DF, RT, GR, etc.): 3617.9' 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 [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 02-19-88 to acidize well to increase injectivity. Pull injection tubing and packer. Run 4-3/4" bit and workstring and tag TD at 4345'. Run PPIP set on 2-foot spacing and acidize from 4149-51, 4154-59, 4164-80, 4182-96, 4198-4206, 4214-28, 4236-50 with 5475 gallons of 20% NE HCl. Run injection packer and tubing and displace hole with packer fluid. Set packer at 4016' and test packer and casing to 560 PSI for 30 minutes and test OK. RD and MOSU 02-23-88 and return well to injection.

IPWO: 1298 BWIPD at 780 PSI
IAWO: 2480 BWIPD at 0 PSI

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

SIGNED O. M. Mitchell TITLE Sr. Admin. Analyst DATE 04-07-88

O. M. Mitchell

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

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
APR 11 1988
OCD
HOBBS OFFICE