

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. 30-025-27891
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (GSA) UNIT
8. Well No. 220
9. Pool name or Wildcat Hobbs Grayburg San Andres
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3612.2 GL

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 P.O. Box 3092 Houston, TX 77253
4. Well Location Unit Letter F/C : 1425/350 Feet From The North Line and 1480/1400 Feet From The West Line Section 4 Township 19S Range 38E NMPM 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 ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	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.

MI RUSU 9-25-89. TDH WITH ESP EQUIP. RUN BIT AND
7" Csg Scraper. Acidize GROSS INTERVAL 4220' to 4346' with
6390 gal 20% NE HCL using PPI PKR @ 4 FT Spacing. FLUSH
To Bottom AND RETURN WELL TO PRODUCTION

RD SU 9-27-89

BWO: 86 BD x 1011 BW x 32 MCF

AWO: 160 BD x 1460 BW x 34 MCF

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

SIGNATURE Blake T. Steele TITLE Admin Analyst DATE _____

TYPE OR PRINT NAME BLAKE T. STEELE TELEPHONE NO. 713-584-7321

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 20 1989

CONDITIONS OF APPROVAL, IF ANY: