Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office						
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION				WELL API NO.		
P.O.BOX 2088				30-025-29892		
P.O. Drawer DD, Artesia, NM 88210				5. Indicate Type of Lease STATE FEE		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas		
SUNDRY NOT	ICES AND REPOR	TS ON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OF PLUG BACK TO A				7. Lease Name or	7. Lease Name or Unit Agreement Name	
	VOIR. USE "APPLICA" -101) FOR SUCH PROF					
1. Type of Well	-101) FOR SUCH PROP	OSALS.)		South Hobbs (GS	A) Unit	
OIL GAS		-ED				
2. Name of Operator	ОТН	EK		8. Well No.		
Amoco Production Company				221		
3. Address of operator				9. Pool name or Wildcat		
P.O. Box 3092, Houston,	•				Hobbs Grayburg-San Andres	
4. Well Location SL/BHL						
Unit Letter C/B : 1091,	490Feet From The	North	Line and 2411	1/2580 Feet From 7	The West/East Line	
Section 4		-S Range		NMPM	Lea, NM County	
	10. Elevation	(Show whether DF, I				
			610.6 GL			
	propriate Box to I	ndicate Nature	e of Notice, R	eport, or Other	Data	
NOTICE OF INT	ENTION TO:		SU	IBSEQUENT REP	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N REM	EDIAL WORK	Π_Δ	LTERING CASING	
	12007111071071100		2011/2 110/111			
TEMPORARILY ABANDON	CHANGE PLANS	COM	IMENCE DRILLING	OPNS. PI	UG AND ABANDONMENT	
JLL OR ALTER CASING CASING TEST AND C				MENT JOB		
			_			
OTHER:		отн	ER: Squeez	ze, Reperf Same Inte	rvals and Acidize	
12. Describe Proposed or Completed Ope work.) SEE RULE 1103.	rations (Clearly state all p	ertinent details, and	give pertinent dates,	including estimated da	ue of starting any proposed	
MIRUSU 3-22-93. POH X SQ X 750 6500 GAL 20% HCL X 3 STATES >			· · · - · · · · - - · · · ·			
RDMOSU 3-27-93 AND RETURN TO	PRODUCTION					
I hereby certify that the information above	re is three and complete to	the heet of my knowl	ludge and haliaf			
increase certain that the information above	complete to	are best of my knowl	reage and Dellet.			
SIGNATURE NEVINE W	. Frence	TITLE	Staff A	ssistant	DATE04-02-93	
TYPE OR PRINT NAME Devina M. Prin	ce				TELEPHONE NO. (713) 596-7686	
(This space for State Use)	Signed by			<u> </u>		
Pau	Kautz					
	ologist				APR 07 199	

RECEIVED
APR 0 0 1993

OCD HOBBS OFFICE