

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Benito Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025- 29892
5. Indicate Type of Lease STATE ☒ FEE ☐
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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
2. Name of Operator Amoco Production Company	8. Well No. 221
3. Address of Operator P. O. Box 3092, Houston, TX 77253	9. Pool name or Wildcat Hobbs Grayburg - San Andres
4. Well Location Unit Letter <u>C/B</u> : <u>1091/490</u> Feet From The <u>North</u> Line and <u>2411/2580</u> Feet From The <u>West/East</u> Line Section <u>4</u> Township <u>19S</u> Range <u>38E</u> NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3410.6' GL

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: <u>Squeeze / Perf within interval</u> ☒

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.

RUSU 7-30-90

Squeeze perfs 4070-4106 w/ 50 sk class C Acet, 100 sk class C, 4#/sk Tuff Plug, 200 sk class C, 2% CaCl. Sqz pressure 1400 PSI. Drill out to 4110 - 500 PSI, bleed out to 0 PSI in 20 min. Re-sqz w/ 400 sk additives & Drill Out. ~~Perf~~ Perf 4130-4150, 4180-4220, 4228-4244, 4250-4276, 4281-4308, 4316-4332 w/ 4 JSF. Acidize perfs w/ 6000 gals 20% HCL & 1200# rock salt in 3 stages. Sqz perfs broke down.

RDSU 8-7-90

Return to production

BWD: 66 BOPD 5200 BWPD 60 MCFD

AWD: 195 BOPD 1403 BWPD 106 MCFD

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

SIGNATURE Matthew C. Wines TITLE Administrative Analyst DATE 12-4-90
TYPE OR PRINT NAME Matthew C. Wines TELEPHONE NO. 713/556-3744

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: