

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. 30-025-30487
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. 224
3. Address of Operator P.O. Box 3042 Houston, Tx 77253	9. Pool name or Wildcat Hobbs Grayburg San Andres
4. Well Location SL/BHL Unit Letter B : 625/554 Feet From The North Line and 1530/1442 Feet From The East Line Section 4 Township 19-S Range 38-E NMPM Lea County	
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3637	

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: Squeeze Zone I, Perf Zones II & III ☒	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.
Set CIBP at 3480' & Cmt Retainer at 4050'
Squeeze Zone I perfs (4004'-44') using 50 SK Class 'C' cmt mixed w/4#/5K Tuff Plug
Followed by 50 SK Class 'C' Cmt
Drill out cmt, test squeeze, clean out to 4270'
Perf from 4060-80, 4098-4144, 4150-60, 4166-92, 4200-10, 4220-40, 4246-60 w/4 JSR
at 90° phasing. Correlate to Welx Den-New log dated 11-19-88
Acidize perfs w/50 gal/ft 20% H₂SO₄ using PPI packer at 2' spacing (100 gal/settling)
Total Acid 7300 gal
Flush w/wtr - return to production

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 9/13/90
TYPE OR PRINT NAME Matthew C. Wines TELEPHONE NO. (73) 556-374

(This space for State Use) ORIGINAL SIGNED BY JEPHY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: