

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. 30-025-31421
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 ☒ Injector	7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
2. Name of Operator Amoco Production Company	8. Well No. 230
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>B</u> : <u>1100</u> Feet From The <u>North</u> Line and <u>2220</u> Feet From The <u>East</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County
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10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3617.8' GR
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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: Perforate & Acidize ☒

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.

Rig up 12/9/91
Drilled cmt float collar & cmt from 4117'-4316'. Displaced hole w/10 lb brine water.
POH 2-3/8" tbg. Ran 4" csg gun.
Perfed intervals 4086'-4102'; 4111'-4156'; 4166'-4215'; 4226'-4236'; 4250'-4260'
w/4 shots/ft.
Ran 5-1/2 HOWCO PPI pkr at 2 ft. spacing & 2-3/8" tbg. Pumped 9800 gals 20% NE HCL
acid & additives. Flushed w/100 BBLS water.
Rel pkr and POH. Land 2-3/8" tbg.
Rig released 12/13/91

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

SIGNATURE <u>Kim A. Colvin</u>	TITLE <u>Asst. Admin. Analyst</u>	DATE <u>12/18/91</u>
TYPE OR PRINT NAME <u>Kim. A. Colvin</u>		TELEPHONE NO. <u>596-7686</u>

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: