

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	10. Elevation (Show whether DP, RKB, RT, GR, etc.) <u>3617.8' GR</u>

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Spud & set casing ☒

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.

Well spud 11/24/91

Drilled to 1485'. TOH to run csg. Ran 35 jts 8.625, 32 lb K-55 LT & C csg & set at 1485'. Cemented w/1000 sx class "C" w/2% CACL. Circulated 230 sx to surface. WOC 18 hrs.

TD at 4317'. Ran 5.5", 15.5 lb K-55 LT&C csg & set at 4317'. ECP at 1380'. Cemented w/1200 sx 50/50 Poz class "C" 7% thixad, 7% salt, 0.6% CF-14, & 0.2% TF-4. Circ. 22 bbls cmt to pit.

Rig released 11/30/91

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

SIGNATURE Kim A. Colvin TITLE Asst. Admin. Analyst DATE 12/5/91
713/
TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 596-7686

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
DEC 12 1991
OCD
HOBBS OFFICE