

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 APT NO.
30-025- 31422

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.)

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER ☐ Injector

2. Name of Operator
Amoco Production Company

8. Well No.
233

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 G : 2245 Feet From The North Line and 2420 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.)
3612.5' GR

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 12/10/91 12.25" hole.
TD surface hole at 1509'. Ran 35 jts 8-5/8", 32# K-55 LT&C.
Cemented 8-5/8" csg w/1000 sx Class "C" & 2% CACL2. Circulated 30 bbls to pit.
WOC 18 hrs. Tested csg to 1000 PSI for 30 min. - OK.
TD at 4303'. Ran 100 jts 5.5", 15.5# K-55 LT&C & set csg at 4303' & ECP landed
at 1394'. Cmt w/1100 sx Class "C" X 9.4#/sx micro bond X 7#/sx salt X 0.4% CFR-3 X
0.6% HALAD-4. Circulated 12 bbls to pit.
Rig released 12/17/91.

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 1/2/92
713/
TYPE OR PRINT NAME Kim. A. Colvin TELEPHONE NO. 596-7686

(This space for State Use)

JAN 07 '92

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: