

Submit 2 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.

30-025-31423

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

Water Injector

2. Name of Operator

Amoco Production Company

(Room 18.108)

8. Well No.

235

3. Address of operator

P.O. Box 3092, Houston, Texas 77253-3092

9. Pool name or Wildcat

Hobbs Grayburg San Andres

4. Well Location

Unit Letter K : 2160 Feet From The South Line and 2414 Feet From The West Line

Section 4 Township 19-S Range 38-E NMPM Lea, NM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3607.3' 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: Test Injection Packer After Workover ☒

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.

In accordance with Rule 704, the attached pressure test was performed on 12/10/93, evidencing that pressure held at 500 PSI for over 30 minutes.

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

SIGNATURE

Devina Prince

TITLE

Staff Assistant

DATE 03-15-94

TYPE OR PRINT NAME

Devina M. Prince

TELEPHONE NO. (713) 366-7686

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 23 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 22 1991

HOBBBS
OFFICE

