

Submit 3 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.)

1. Type of Well

OIL
WELL ☐

GAS
WELL ☐

OTHER ☐

Water Injector ☐

2. Name of Operator

Amoco Production Company

(Rm 17.182)

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' GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER:

Acidize ☒

OTHER: ☐

SUBSEQUENT REPORT OF:

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.

1. MI. RUSU.

2. POH x INJ Tbg x pkr. Inspect x repair eqpt as needed.

3. RIH x PPI packer.

Acidize perfs x 5400 gal 20% Ne HCl containing 2 gal/1000 gal
WA-211; 2 gal/1000 gal WA-212 w/ 2 foot spacing, 50 gal/ft

4. Flush to perfs x 40 bbls clean water.

5. RIH x inj eqpt as pulled above x return well to inj

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

SIGNATURE: Devina M. Prince

TITLE

Staff Assistant

DATE: 12-02-93

TYPE OR PRINT NAME: Devina M. Prince

TELEPHONE NO. (713) 366-7682

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DEC 09 1993