

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

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO.	30-025-31428
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Hobbs GSA Unit
8. Well No.	234
9. Pool name or Wildcat	Hobbs Grayburg San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3607.4'GR

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Amoco Production Company (Room 18.108)
3. Address of operator P.O. Box 3092, Houston, Texas 77253-3092	4. Well Location Unit Letter F : 2480 Feet From The North Line and 1800 Feet From The West Line Section 4 Township 19-S Range 38-E NMPM Lea, NM County
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: ☐

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.

MIXRUSU (2/9/94) X KILL WELL X RTXIB X PTG X ESP EQPT X CHANGE RAMS. RIH X BIT X SCRAPER X TBG X TAG @ 4285FT X PTG. FIN POH X RIH X 7" SONIC HAMMER X TBG TO 4242FT. PMP WATER UNTIL CAUGHT PRS X ACD PERFS 4085-4242FT X 5600 GALS 20% X ADDITIVES X MAX TRTP 1270 X AVG TRTP 900 X AIR 2.3 BPM X ISIP 0. POH X CHANGE RAMS X RIH X ESP EQPT X TBG X RBXIT. WELL PMP UP TIME 21 MIN X 40 PSI X RET TO PROD. RDMOSU (2/10/94).

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 03-22-94
TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7686

(This space for State Use)

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

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APR 11 1994