STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

RECEIVED BY
JUN 04 1985
O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease: State ☐ Fee ☒
5. 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.)

OIL WELL ☐ GAS WELL ☒ OTHER-

7. Unit Agreement Name

Name of Operator
AMOCO PRODUCTION COMPANY ✓

8. Farm or Lease Name
Teledyne 17

Address of Operator
P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. Well No.
1

Location of Well
UNIT LETTER N, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 17 TOWNSHIP 23-S RANGE 29-E NMPM.

10. Field and Pool, or Wildcat
Laguna Salada Atoka

15. Elevation (Show whether DF, RT, GR, etc.)
2990' KB

12. County
Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER Open Add. Atoka Pay and Stimulate ☒	

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.

MISU 5-20-85, Killed wel and POH w/ tbg and pkr. RIH w/ pkr and tbg and on/off tool. Landed pkr at 11,185' and tbg at 11,519'. Perfed 11,654'-62', 11798'-802' and 12,217-223' w/ 8 JSPF and 0° phasing. (Perf diam = .310"). PBTD = 12,269' due to fill. Swabbed well to 9100'. Acidized w/ 9000 gal 15% HCL and 1000 SCF N_2/bbl. and 348 1.1 SG ball sealers. Flowed well back and ran Gamma ray survey. MOSU 5-25-85 and began flow testing well. Returned well to production 5-31-85 with prod after W.O. = 14 BBLS oil, 17 bbls water and 1675 MCF in 24 hrs. Choke set at 48/64".

O+S NMOCD-A, 1-JRB 1-FJN, 1-NLG

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

SIGNED [signature] TITLE Administrative Analyst DATE 2 June 1985

APPROVED BY _____ TITLE Original Signed By Les A. Clements Supervisor District II DATE JUN 04 1985

CONDITIONS OF APPROVAL, IF ANY: