

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-103
Revised 10-1-76

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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

JAN 28 1980

4. Indicate Type of Lease
State ☐ Pool ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS O.C.D.
(DO NOT USE THIS FORM FOR THE PURPOSES OF FILING OR THE DEPOSIT OF DATA TO A DIFFERENT AGENCY.)
USE APPLICATION FOR PERMIT TO DRILL (FORM C-101 FOR NEW PROPERTIES)

ARTESIA OFFICE

1. OIL ☐ GAS ☒ OTHER ☐

2. Name of Operator
Amoco Production Company

3. Address of Operator
P. O. Box 68, Hobbs, NM 88240

4. Location of Well
UNIT LETTER J FEET FROM THE South LINE AND 2180 FEET FROM
THE East LINE, SECTION 18 TOWNSHIP 23-S RANGE 29-E

15. Elevation (Show whether OF, RT, GR, etc.)
2954.4 GR

7. Unit Agreement Name

8. Form or Lease Name
Teledyne 18

9. Well No.
1

10. Field and Pool, or Wildcat
Und. Atoka

12. County
Eddy

10. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☒ Acidize and Frac

PLUG AND ABANDON ☐

CHANGE PLANS ☐

REMEDIAL WORK ☐

COMMENCE DRILLING OPS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 11-3.

Propose to increase production by acidizing and fracturing the well by the following procedure:
Acidize perms 11,862'-66' and 11,874'-80' with 2000 gallons of BJ 7-1/2% Sta-Live acid with additives. Frac perms with 1500 gallons of Krystal-Frac 40. Evaluate well and return to production.

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

SIGNED Ray Cox TITLE Administrative Supervisor DATE 1-25-80

APPROVED BY W.A. Gressett TITLE SUPERVISOR, DISTRICT II DATE JAN 28 1980

CONDITIONS OF APPROVAL, IF ANY:

1-Hou, 1-Susp, 1-MKE