STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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# OIL CONSERVATION DIVISION

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

RECEIVED BY
JAN 11 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-7

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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER-

7. Unit Agreement Name

2. Name of Operator
Amoco Production Company

8. Farm or Lease Name
Teledyne 18

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

9. Well No.
1

4. Location of Well
UNIT LETTER J, 1800 FEET FROM THE South LINE AND 2180 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 23-S RANGE 29-E NMPM.

10. Field and Pool, or Wildcat
Laguna Salado Atoka

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

12. County
Eddy

16.

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 acidize | ☒ | | |

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 1103.

MISU 12-30-84. Tested csg. to 1000 PSI and OK. Acidized 11,650'-12,400' non-continuous perfs with 8000 gals. 15% HCL with additives. Ran before- and after-treatment surveys. MOSU 1-1-85. Swb tested. Began flow testing. Last 24 hrs. flowed 0 BF X 226 MCF. Well returned to production.

O+5-NMOCD, A 1-JRB, H 1-FJN, H 1-GCC

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

SIGNED Bonita Goble TITLE Administrative Analyst DATE 1-9-85

APPROVED BY Original Signed By Leslie A. Clements Supervisor District II TITLE DATE JAN 16 1985

CONDITIONS OF APPROVAL, IF ANY: