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
OCT 17 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, NEW MEXICO 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' GL

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	☐		

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 9-25-85. Loaded tubing with 44 BFW and casing with 80 BFW 2% KCl. Released packer and POH. RIH with packer and set at 10,999'. Swabbed down to 7000'. RIH with tubing gun and perforated 11,599'-11,606', 11,617-22' with 8 DRSPF. Swabbed 2½ hrs. Acidized with 4500 gals 15% NEFE HCl w/addits, 1000 SCF/BBL N_2, and 350 Ball sealers. Flushed with 46 BBLs FW 2% KCl and 1000 SCF N_2/BBL. Swabbed 9 hrs and recovered 120 BLW. MOSU 10-3-85 and MI Swabunit 10-4-85. Swabbed well. MO Swabunit 10-7-85. Returned well to production. Operations completed 10-14-85.

PAWO: 84MCFD.

OTS NMOCD, A 1-JRB 1-FJN 1-CMH

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

SIGNED Charles M. Herrera TITLE Administrative Analyst (SG) DATE 10/16/85

APPROVED BY Original Signed By Les A. Clements TITLE Supervisor District II DATE OCT 17 1985

CONDITIONS OF APPROVAL, IF ANY: