

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

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-22650

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. 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.)

7. Lease Name or Unit Agreement Name

Teledyne 18

1. Type of Well:

OR

WELL ☐

GAS

WELL ☒

OTHER

FEB 02 1993

2. Name of Operator

Amoco Production Company

O. C. D.

8. Well No.

1

3. Address of Operator

P. O. Box 3092, Rm 17.182, Houston, TX 77253-3092

9. Pool name or Wildcat

Laguna Salado - Morrow

4. Well Location

Unit Letter J : 1800 Feet From The South Line and 2180 Feet From The East Line

Section 18 Township 23S Range 29E NMPM Eddy, NM Country

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

2954.4 GR

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: Morrow Recompletion ☒

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.

Per subsequent C-103 filed 1-21-93 (copy attached), above well was shut in pending further operations.
After satisfactorily testing surface lines, gas was connected and well was operational on 1-23-93.

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

1-29-93

TYPE OR PRINT NAME

Devina M. Prince

(713)

TELEPHONE NO. 596-7686

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

TITLE

SUPERVISOR, DISTRICT II

APPROVED BY

DATE

MAY 31 1993

CONDITIONS OF APPROVAL, IF ANY: