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Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED
JAN 17 1980
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 —" FOR SUCH PROPOSALS.)

7. Unit Agreement Name

OIL WELL ☐ GAS WELL ☐ OTHER- Dry Hole

8. Farm or Lease Name
Teledyne 4 Gas Com.

2. Name of Operator
Amoco Production Company

9. Well No.
1

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

10. Field and Pool, or Wildcat
Wildcat Morrow

4. Location of Well
UNIT LETTER P , 660 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 23-S RANGE 29-E NMPM

15. Elevation (Show whether DF, RT, GR, etc.)
2952.3 GR

12. County
Eddy

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☒
OTHER Re-Plug ☒

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.

Ran 3/4" pipe down 16" and 20" annulus and circulated Class H cement to surface. Ran 3/4" pipe down 10-3/4" and 16" annulus and circulated 45 sx Class H cement to surface. Ran 1/2" pipe down 7-5/8" and 10-3/4" annulus and circulated 32 sx Class H cement to surface. Filled top 6' of 7-5/8" csg with cement. Welded on cap and erected permanent P x A marker. Will notify when location is ready for inspection.

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

SIGNED Bob Lewis TITLE Assist. Admin. Analyst DATE 1-16-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
O+4 NMOCD-A. 1-Susp, 1-Hou, 1-BD