

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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JIL CONSERVATION DIVISIC
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Amoco Production Company	8. Farm or Lease Name Teledyne 20 Gas Com.
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 2080 FEET FROM THE West LINE, SECTION 20 TOWNSHIP 23 RANGE 29 NMPM.	10. Field and Pool, or Willcat Und. Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 2963.3 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	

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.

Drilled to a TD of 2700' and ran 40.5# K-55 10-3/4" casing set at 2698'. Cemented with 1625 SX Lite cement with additives and 200 SX Incor cement with 2% CACL. Plugged down at 11:20 a.m. Circulated 425 SX. WOC 18 hr. Tested casing with 2000# for 30 min. Test OK. Reduced hole to 9-1/2" and resumed drilling.

0+4-NMOCD, A 1-Hou 1-Susp 1-LBG 1-Getty 1-Wayne Stafford, Hou

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

SIGNED Ch. J. E. Egan TITLE Administrative Supervisor DATE 8-12-80

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: