Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-101
Revised 1-1-89

C15F Up

API NO. (assigned by OCD on New Wells) 30-015-22703

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL ☐ RE-ENTER ☐ DEEPEN ☒ PLUG BACK ☐

b. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER SINGLE ZONE ☒ MULTIPLE ZONE ☐

7. Lease Name or Unit Agreement Name: Teledyne 20 Gas Com

2. Name of Operator: Amoco Production Company ✓

8. Well No. 1

3. Address of Operator: P.O. Box 3092 Houston, TX 77253 Rm. 16,108

9. Pool name or Wildcat: UND. MORROW

4. Well Location
Unit Letter C : 660 Feet From The North Line and 2080 Feet From The west Line

Section 20 Township 23-S Range 29-E NMPM Eddy County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
	Morrow	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
2963.3' GL			ASAP

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
		Existing Casing will not be altered			

1. RUSU X KILL WELL X POH W/ PROD. EQUIP. (ABANDON ATOKA AND RECOMPLETE TO MORROW)
2. RIH W/ CMT. RET. TO APPROX 11600'. CMT SQUEEZE OPEN PERFS 11660-11672', 11686-11690', 11750-11760', AND 12040-12050'
3. DRILL OUT X TEST X RESQUEEZE IF NECESSARY.
4. DRILL OUT CIBP W/ 35' CMT. AT 12250'. CIRC HOLE W/ 2% KCL WATER X DRILL OUT CIBP W/ 35' CMT AT 12875'.
5. RUN PROD EQUIP X RETURN MORROW PERFS 12920-12932' TO PRODUCTION.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE H. I. Bleau (H.I. Bleau) TITLE Stf. Admin. Analyst DATE 7-6-92

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

APPROVED BY TITLE DATE JUL 21 1992

CONDITIONS OF APPROVAL, IF ANY:

PERMIT EXPIRES 180 DAYS
UNLESS DRILLING UNDERWAY 1/22/93