

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

OIL CONSERVATION DIVISION
P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

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

WELL API NO.

30-015-22703

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

Teladyne /20/ Gas Com

1. Type of Well

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Amoco Production Company

(Room 18.108)

8. Well No.

1

3. Address of operator

P.O. Box 3092,

Houston,

Texas

77253-3092

9. Pool name or Wildcat

Laguna Salado-Morrow

4. Well Location

Unit Letter

C

: 660

Feet From The

North

Line and

2080

Feet From The

West

Line

Section

20

Township

23S

Range

29E

NMPM

Eddy, NM

County

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

2936.3' GL

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: ☐

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.

PURPOSE: CHANGE TO SMALLER DIAMETER TUBING BECAUSE WELL CANNOT UNLOAD FLUID WITH CURRENT SIZE:

- 1) RUSU X KILL WELL IF NECESSARY
- 2) PULL 2-7/8" AND 2-3/8" TBG X PKR
- 3) RUN 1-1/4" TBG TO +/- 12,800' WITH PKR
- 4) SWAB WELL IN
- 5) RIG DOWN X RETURN WELL TO PROD.

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 02-11-94

TYPE OR PRINT NAME

Devina M. Prince

TELEPHONE NO. (713) 366-7686

(This space for State Use)

SUPERVISOR, DISTRICT II

FEB 21 1994

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: