

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

APR 11 1994

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.	
7. Lease Name or Unit Agreement Name	Teledyne /20/ Gas Com
8. Well No.	1
9. Pool name or Wildcat	MORROW Laguna Salada Atoka

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.)	
1. Type of Well OIL WELL ☒ GAS WELL ☐ OTHER	
2. Name of Operator Amoco Production Company (Room 18.110)	
3. Address of operator P.O. Box 3092, Houston, Texas 77253-3092	
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, NM County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2963' 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: ☐

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.

3/1/94 MIXRUSU
3/2/94 TPC 3500 X CPC 3500 X KILL WELL X BLEED DWN X PMP 70. BBLs X 310 BBL CUT BRINE X 2% KCL. RTXB X REL PKR X LD 2-7 8" TBG
3/3/94 TPC 500 X CPC 500 X CIRC 10# TO KEEP WELL DEAD X LD TBG
3/4/94 FIN LD TBG X RIH X 1-1/2 TBG X PKR X 1-1/2 TBG X TST X 6000 PSI X OK. RBXIT X SDOW
3/7/94 SWB X IFL SURF X SWB 8-1/2 HR X REC 32 BLW X FFL 6500 X TR OF GAS.
3/8/94 TPC 0 X CPC 0 X R SWB X IFL 3200 FS X SWB 9.5 HRS X REC 42 BLW X FFL 5000 FS (SWB TO 8000FT)
3/9/94 14 HR X TPC 50 X CPC 0 X R SWB X IFL 3000 FS. SHUT WELL IN UNTIL MOVE IN SWB UNIT.
3/14/94 MIXRU SWB UNIT X TPC 0 X CPC 0. R SWB X IFL 3000 FS X SWB 5 HRS X REC 24 BLW X 4 BLW X LAST HR FFL 4200 FS.
3/15/94 14 HR X CPC 0 X TPC 0 X R SWB X IFL 3000FT FS X SWB 10 HR X REC 34 BLW X FFL 1700FT X SCATTERED X FLW X 1-1/2 H X 100 PSI X REC 3 BLW
3/16/94 14 HR X CPC 0 X TPC 100 PSI. BLEED DWN X 15 MIN X R SWB X IFL 3800FT FS X SWB 10 HR. REC 44 BLW X FFL 1400 FS X SCATTERED X FLW X 10
MIN AFTER EACH SWB RUN X 30 PSI.
3/17/94 14 HR X CPC 0 X TPC 900. BLEED DWN X 30 MIN X R SWB. IFL 2900 FS X SWB 4.5 HRS. REC 40 BLW X WELL FLW X 1.5 HR X 170 TG PRS. FLW
BACK 7 BLW X WELL DIED. R SWB X FL 8500 FS X SWB 2 HR X REC 29 BWL X FFL 7200 FS. REC 4 BLW X LAST HR.
3/18/94 14 HR X CPC 0 X TPC 0. R SWB X IFL 2500 FS X SWB 1 HR X REC 49 BLW X FFL 7000 FS X 4 BLW X REC LAST HR X NO SHOW
3/21/94 60 HR X CPC 0 X TPC 0. R SWB X IFL 2300 FS X SWB 9.5 HR X REC 45 BLW X WELL FLW 1.5 HR X 350 FP. REC 8 BLW X WELL DIED. SWB 1.5 HR
REC 10 BLW X FFL 7000FT SCATTERED.
3/22/94 TPC 510 X CPC 0. BLEED DWN IN 10 MIN X R SWB X IFL 2900 FS X 11 HR REC 42 BBL X FFL 7800 FS. LAST HR REC 5 BBL.
3/23/94 14 HR CPC 0 X TPC 30 X BLEED DWN X IFL 2500 FS. SWB 5 HR X REC 30 BBL X WELL FLW X 1 HR X 250 PSI. REC 6 BBL X DIED X SWB 4 HR. REC 16
BBL X FFL 7400 FS X SCATTERED.
3/24/94 14 HR X CPC 0 X TPC 310 X BLEED DWN IN 10 MIN X IFL 2900 FS X SWB 11 HR REC 54 BBL X FFL 7200 FS X LAST HR REC 4 BBL RETURN WELL TO
SHUT IN STATUS.

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 04-04-94
TYPE OR PRINT NAME Devina M. Prince TELEPHONE NO. (713) 366-7886

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE APR 25 1994
CONDITIONS OF APPROVAL, IF ANY: