Submit 3 Copies to Appropriate District Office

State of New Mexico nerals and Natural Resources Department Energy,

Form C	-103
Revised	1-1-89

DISTRICTI			
P.O. Box 1980	, Hobbs,	NM	88240

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

OIL CONSERVATION DIVISION P.O. Box 2088 TOCEIVED

Santa Fe, New Mexico 87504-2088

100' 1 1 MAI

WELL API NO. 30-015-26239

5. Indicate Type of Lease FEE KM STATE

DISTRICT III 1000 Rio Brazos Rd., A	ziec, NM 87410			THI II 20	6. State Oil & Gas 1	Lease No.	
( DO NOT USE THIS	FORM FOR PROPOS	AND REPORTS ON ALS TO DRILL OR TO DEI USE "APPLICATION FO FOR SUCH PROPOSALS."	EPEN O R PERN	R REDESIBACK TO A	7. Lease Name or U	Unit Agreement Name	
1. Type of Well: OIL WELL [X]	GAS WELL	aas 🗀			Teledyne		
2. Name of Operator	ek Resource	s, Inc.			8. Well No.	1	
3. Address of Operator 1110 N.		Midland, TX	7970	1	9. Pool name or Wi		
4. Well Location  Unit Letter	C : 660	Feet From TheNO:	rth	Line and 198	BO Feet From	The West Line	
Section 1		Township 23S 10. Elevation (Show will 298) ropriate Box to Indice	8.2'	F, RKB, RT, GR, etc.) GR		Eddy County  Data	
	TICE OF INTEN	-			SEQUENT RE		
PERFORM REMEDIAL	WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
EMPORARILY ABAN	DON 📙	CHANGE PLANS		COMMENCE DRILLIN	G OPNS. 📙 1	PLUG AND ABANDONMENT	
PULL OR ALTER CAS	ING			CASING TEST AND C			
OTHER:				OTHER: TI	O Well	<u>X</u>	
work) SEE RULE 1-4-90 1-5-90 1-6-90	Drilling @ Drilling @ Drilling @ TD 6210. L Ran 145 Jts Stage 1: Stage 2:	6047' ogging. Ran Cl . 5½" 15.5 #J 1000 sx Class 0.4% CF-2 100 Circ 195 sx to 1200 sx Paces seal. 50 sx 0 PD @ 9 am 1-7 Release rig @	DL, -55 H-P sx o Su ette Clas	CN, MLL, DLA LTC CSG to OZ 50/50, 29 Class H + 9 f. from lst r Lite + 15 s C + 2% Cac PU BOP se	A & SGR 6204.5'. C & Gel, 0.3% 5# salt, 0. stage. # salt, 6% Cl2. Circ t slips, CC	CMT in 2 stages: 5 TF-4, 5# salt, 2% CF 14. 5 Gel, 1/4 # cello 275 sx to Surf.	
I hereby certify that the in	aformation above is true and	complete to the best of my knowle	dge and b		ont.	1-9-90	
SIGNATURE //	I LEUCK		mu	EA90	ent	DATE 1-9-90	
TYPE OR PRINT NAME	O. H. Rou	th ——————				TELEPHONE NO. 915-687-03	
(This space for State Use	ORIGINAL SIC MIKE WILIAAI SUPERVISOR	MS				JAN 1 5 1990	
A TOTAL OF THE PARTY	OUT LIVE OUT	W101110111		E		DATE	

APPROVED BY-