

Submit 3 Copies to Appropriate
District Office
DISTRICT I
1625 n. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
DISTRICT IV
2040 S. Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.

30-015-32120

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

NM 648

7. Lease Name or Unit Agreement Name:

Turkey Track "11" State

8. Well No.

1

9. Pool name or Wildcat

Palmillo; Bone Springs, SW

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
Louis Dreyfus Natural Gas Corp.

3. Address of Operator
14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134

4. Well Location
Unit letter C 530' feet from the North line and 1650' feet from the West line.
Section 11 Township 19S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, Gr, etc.)
3451'

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

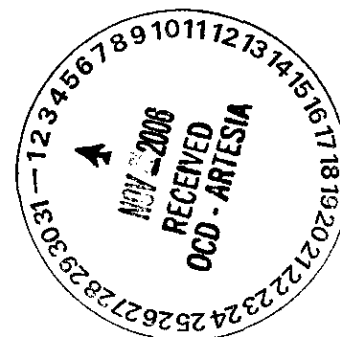
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: Return to Production ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well was returned to production 9/25/06.



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

SIGNATURE Carla Christian TITLE Sr. Regulatory Specialist DATE 10/31/06

Type or print name Carla Christian

Telephone No. 405-749-5263

(This space for State use)

APPROVED BY _____ TITLE _____ DATE 12/5/06

Conditions of approval, if any:

Accepted for record - NMOCD