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

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

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-015-27045

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: Little Pecos Valley

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Louis Dreyfus Natural Gas Corporation

8. Well No. 1

3. Address of Operator: 14000 Quail Sprgs Pkwy, Ste. 600, Oklahoma City, Ok 73134

9. Pool name or Wildcat: Malaga Delaware

4. Well Location
Unit Letter D : 550 Feet From The North Line and 990 Feet From The West Line
Section 7 Township 24S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2970'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☒
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

1. 7-05-01 Spot 25 sx cmt. from 5475' to 5254', WOC & tag @ 5347'.
2. 7-05-01 Circulate well w/ mud gel.
3. 7-05-01 Spot 25 sx cmt. from 4075' to 3854', no tag.
4. 7-05-01 Spot 25 sx cmt. from 2820' to 2599', WOC & tag @ 2572'.
5. 7-06-01 Spot 25 sx cmt. from 708' to 496', WOC & tag @ 465'.
6. 7-06-01 Spot 10 sx cmt. from 50' to surface.
7. Capped well, cut anchors off, cleaned location.

RECEIVED
OCD - ARTESIA

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

SIGNATURE _____ TITLE Agent DATE 7/12/01

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: