

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

WELL API NO. 30-015-27050
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil Lease No. V03479
7. Lease Name or Unit Agreement Name Pinnacle State
8. Well No. #1
9. Pool name or Wildcat Herradura Bend

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

3. Address of Operator
P.O. Box 129, Whiteface, TX 79379

4. Well Location
Unit Letter L: 1920 South 330 West
Section 36 Township 22S Range 28E NMPM County Eddy
3125

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: _____ <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF :</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON MENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: _____ <input type="checkbox"/></p>
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12 Describe Proposed or Completed Operations (See Rule 1103)

Louis Dreyfus Natural Gas proposed to Remediate an approximate 50' x 50' open dirt pit "in situ" (mix in place and backfill).

RECEIVED

SEP 12 1995

OIL CON. DIV.
DIST. 2

NOTE: This format is in lieu of State Form C-103.

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

SIGNATURE Tommy H. Arnwine TITLE E & S Director DATE September 11, 1995

TYPE OR PRINT NAME Tommy H. Arnwine A.S.P. TELEPHONE (806) 525-4373

(This space for State Use)
APPROVED BY [Signature] TITLE Deputy O & N Inspector DATE 9/14/95
CONDITIONS OF APPROVAL IF ANY: