Form 3160-5 (November 1994)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

RECEIVED BLM

FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996

5. Lease Serial No.

| SUNDRY | NOTICES AND | REPORTS | ON WELLS   | ſ   |
|--------|-------------|---------|------------|-----|
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PM 2: 06

NMSF-078895

| Do not use the abandoned we                                                                                                                                                                                                | ils form for proposals<br>ell. Use Form 3160-3 (/                                                                                                                                                                      | to drill or to re-enterd<br>APD) for such proposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>s.</b>                                                                                                                                                                                     | . If Indian, Allottee or Tribe Name                                                                                                                                                                                                                               |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| SUBMIT IN TR                                                                                                                                                                                                               | FARMING ON, INV.                                                                                                                                                                                                       | 7. If Unit or CA/Agreement, Name and/or No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                   |                  |
| 1. Type of Well Oil Well Gas Well  2. Name of Operator Louis Dreyfus Natur  3a. Address 14000 Quai1 Suite 600, Oklahoma  4. Location of Well (Footage, Sec.  990' FNL & 990' FEI NE NE Sec. 18-27N-1  12. CHECK AP         | ral Gas Corp. Springs Parkway A City, OK 73134 , T., R., M., or Survey Descrip                                                                                                                                         | (405) 749-52<br>(Otion) (1) (1) (1) (1) (1) (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. Nare2 code) 1998<br>287 CON. DIV.                                                                                                                                                          | Well Name and No. Mudge A #4  API Well No. 30-045-06580  D. Field and Pool, or Exploratory Area Kutz Pictured Cliffs, Well. County or Parish, State  San Juan Co., NM  ORT, OR OTHER DATA                                                                         | est              |
| TYPE OF SUBMISSION                                                                                                                                                                                                         |                                                                                                                                                                                                                        | TY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PE OF ACTION                                                                                                                                                                                  |                                                                                                                                                                                                                                                                   |                  |
| If the proposal is to deepen dire                                                                                                                                                                                          | ctionally or recomplete horizo                                                                                                                                                                                         | ontally, give subsurface location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ons and measured and true ve                                                                                                                                                                  | Well Integrity Other                                                                                                                                                                                                                                              | zones            |
| following completion of the investing has been completed. Findetermined that the site is ready 2/26/98 MIRU Big ring & junk basked Pump 17 sks. Class Set packer @ 1,31.17 sks. Class B cracker @ 516'. Puto 520'. WOC. To | olved operations. If the operanal Abandonment Notices shifter final inspection.) A Well Service. t, POOH. RIH w/o s B cmt., plug f 3', tried to bre mt. plug from 1, umped 104 sks. C ag cmt. plug @ 4 tion to surface | nation results in a multiple come all be filed only after all required in the company of the com | pletion or recompletion in a irements, including reclamat POOH & LD 86 jts 2'. Circ. hole was 782'. Perf. 2 hested to 1000#. Perf 2 holes (Clug from 484' to es (0.48) @ 177' sks. Class B cm | new interval, a Form 3160-4 shall be filed tion, have been completed, and the operates. I' pipe. RIH w/gauge w/FW & pressure test cs tholes (0.48) @ 1640'. POOH w/packer. Pump 0.48) @ 822'. Set to 822', displaced cmt. Break down perfs & mt. to surface. RD & | d once<br>or has |
| 14. I hereby certify that the foregoin Name (Printed/Typed)                                                                                                                                                                | g is true and correct                                                                                                                                                                                                  | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                               | g <del>ri a a a a a a a a a a a a a a a a a a a</del>                                                                                                                                                                                                             |                  |
| Terrye D. Bryant                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | latory Technicia                                                                                                                                                                              | an                                                                                                                                                                                                                                                                |                  |
| Signature 17                                                                                                                                                                                                               | Max                                                                                                                                                                                                                    | Date 11/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                   |                  |
| 1                                                                                                                                                                                                                          | THIS SPAC                                                                                                                                                                                                              | E FOR FEDERAL OR S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TATE OFFICE USE                                                                                                                                                                               |                                                                                                                                                                                                                                                                   |                  |

AU Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office <del>-10 - - - - 199c</del>

Title

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. **IGTON DISTRICT OFFICE** 

Approved by