

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.
 30-025-34911

5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 E 5840 & E 5887

7. Lease Name or Unit Agreement Name:
 Toro 34 State Com

8. Well No. 1

9. Pool name or Wildcat
 Klein Ranch - Morrow

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 Corporation

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

4. Well Location
 Unit letter F : 1650 feet from the North line and 1930 feet from the West line
 Section 34 Township 19S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
 3703'

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:

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 recompilation.

3/10/00 ran 9 5/8" csg, 121 jts set @ 5387'. Cemented w/2200 sks 35:65 POZ, Class C, tailed w/270 sks Class C, plug down @ 6:00 am.

3/11/00 commenced drilling.

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

SIGNATURE Carla Christian TITLE Regulatory Technician DATE 3/15/00

Type or print name Carla Christian Telephone No. (405) 749-5263
 (This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
 Conditions of approval, if any:

5
 C