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

RECEIVED
NOV 2002
OCD
ARTESIA

WELL API NO.
30-015-10352

5. Indicate Type of Lease STATE [X] 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
State A

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Louis Dreyfus Natural Gas Corp.

8. Well No. 2

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

9. Pool name or Wildcat
Yates SR QN GB SA--East

4. Well Location
Unit Letter D : 330' Feet From The North Line and 330' Feet From The West Line

Section 24 Township 19S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3368'

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 [X]
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.

11-06-02 Set 4-1/2" CIBP @ 2100' cap w/ 35' cmt. (3 sx cmt.).
11-06-02 Circ. hole w/ mud.
11-07-02 Perf 4 holes @ 729', set pkr. @ 450', sqz. 35 sx cmt. tag @ 615'.
11-07-02 Perf 4 holes @ 350', set pkr. @ 30', sqz. 35 sx cmt.
11-08-02 Tag plug @ 215'.
11-08-02 Perf 4 holes @ 60', pump 25 sx cmt. down 4-1/2" to surface out of annulas. Leave 4-1/2" full of cmt.
11-08-02 Install dry hole marker. Clean location. RDMO. Cut off wellhead.

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

SIGNATURE Roger Massey TITLE Agent DATE 11-12-02

TYPE OR PRINT NAME Roger Massey TELEPHONE NO. (915) 530-090

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep 2 DATE APPROVED JUL 3 2003

CONDITIONS OF APPROVAL, IF ANY: