## State of New Mexico

Form C-103

Submit 3 Copies
to Appropriate
District Office

to Appropriate District Office	Energy, Minerals and Natural Resources Department		Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO 30-015-27559	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87 <b>504</b> -2088	5. Indicate Type of Lease  STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			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	
1. Type of Well: OIL GAS WELL X WELL	OTHER APD (We	ell not Drilled)	"EV" State	
2. Name of Operator			8. Well No.	
Louis Dreyvfus Natu	ral Gas Corp.		2	
3. Address of Operator			9. Pool name or Wildcat (29665)	
	Parkway, Ste 600, OKC	, OK 73134-2600	Happy Valley (Delaware)	
4. Well Location	100 Feet From The North	Line and 660	) Feet From The East Line	
Unit Letter :	Feet From TheNOT CIT	Line and	<u> </u>	
Section 32	Township 22S Ra		NMPM Eddy County	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	<i>*************************************</i>	
	///// 3319 GR			
11. Check	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other Data	
NOTICE OF IN		SUB	SEQUENT REPORT OF:	
			ALTERING CASING	
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT L	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER: Change Operato	or X	OTHER:		
		nd give pertinent dates, inclu	ding estimated date of starting any proposed	
work) SEE RULE 1103.				
Effective January 1 Application for Per	l, 1995, Louis Dreyfus rmit to Drill the above	Natural Gas Corp well from -	Collins & Ware, Inc. 508 W. Wall, Suite 1200 Midland, Texas 79701 (915) 687-3435	
	James E. Orseth - VP Collins & Ware, Inc.		JAN 19 '95	
I hereby certify that the information above is to	rue and complete to the best of my knowledge an	d belief.		
SIGNATURE Star 1	Jesse T	me Operations N	Manager 01/04/94	
TYPEORPRINT NAME Steve Me	sser	(405	) 749-1300 тецерноме но.	

(This space for State Use)

ÔRIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR