

WELL API NO.

30-015-31935

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
LB - 466
NMNM 027994-A, NMNM 92900

7. Lease Name or Unit Agreement Name:

Saragossa 17 State Com

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 Corp.

8. Well No.
3

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

9. Pool name or Wildcat

4. Well Location
Unit letter L 1980' feet from the South line and 660' feet from the West line.
Section 17 Township 23S Range 26E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, Gr, etc.)
3394'

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 recompletion.

9/18/01 ran 236 jts 7" 26# & 23#, LT&C csg., set @ 9,732'. Cemented first stage lead w/375 sx 36/65, tailed w/125 sx Class H. Recovered 151 sx. Cemented 2nd stage lead w/750 sx 50/50, tailed w/50 sx Class "C" neat. Plug down. floats ok. WOC 24 hrs. commenced drilling.

10/04/01 ran 48 jts 4 1/2" 13.5# P-110 FL4-S liner, set @ 11,742'. Cemented w/300 sx "H", plug down at 20:45. Floats ok. Top of liner @ 9,685'. Released rig. WOCU.

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 10/10/01

Type or print name Carla Christian Telephone No. 405-749-5263

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY [Signature] TITLE [Signature] DATE 10/16/2001

Conditions of approval, if any: