Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Revised March 25, 1999			
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources		WELL API NO.		1777	
District II	OIL CONSERVATION	30-025-34638				
811 South First, Artesia, NM 87210 District III	2040 South Pac	5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410	Aztec, NM 87410 Santa Fe, NM 87505			STATE 🖾 FEE 🗆		
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & Gas Lease No. E-5838		
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: TORO "27" STATE			
1. Type of Well: Oil Well			1000 27	TORO 27 STATE		
2. Name of Operator			8. Well No.			
LOUIS DREYFUS NATURAL GAS CORP. 3. Address of Operator			9. Pool name or Wildcat			
14000 Quail Springs Pa 4. Well Location	rkway, #600, Oklahoma	City, OK 7313	4 Southeast	Scharb (Wolf	camp)	
Unit Letter K :	1650 feet from the South	line and 16	550 feet from	the West	line	
Section 27		ange 35E	NMPM Lea	County		
11 61-1	10. Elevation (Show whether Di 3720' GR		ĺ			
NOTICE OF IN	ppropriate Box to Indicate Na					
PERFORM REMEDIAL WORK		REMEDIAL WORK	SEQUENT REP	ORT OF: ALTERING CASING	G 🗆	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB		, ID, II D O I III E. II		
OTHER:		OTHER:	Plug Back		X	
12. Describe proposed or complet of starting any proposed work) or recompilation.	ed operations. (Clearly state all per . SEE RULE 1103. For Multiple C	tinent details, and gi Completions: Attach	ve pertinent dates, in wellbore diagram of	cluding estimated d proposed completion	late on	
CIBP set @ 12,740' w/35 Wolfcamp Lime 11,040'-1 FE HCL acid staged w/25 well, swabbed. Well sh	1,106', 6 spf, total 3 00# rock salt diverter	78 holes. Acand 240 7/8'	cidized w/100,	000 gal. 20%	NG- ed	
I hereby certify that the information	above is true and complete to the b	pest of my knowledg	ee and belief.			
	BLYRAY TITLE			11/20/0	.0	
SIGNATURE SULJUL	TITLE_	Regulatory 16		DATE 11/30/9		
Type or print name Terrye D (This space for State use)	Bryant	-	(405) Telepho	749-5287 one No.		
(L	Manager and the control of the contr	•				
APPPROVED BY Conditions of approval, if any:	- TITLE			DATE	- V j	
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