

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

WELL API NO.

30-005-60424

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-269

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.)

RECEIVED

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

NOV - 2 1992

2. Name of Operator

Louis Dreyfus Natural Gas Corp.

O. C. D.

ARTESIA

8. Well No.

1

3. Address of Operator

14000 Quail Springs Parkway, #600, Oklahoma City, OK 73134

9. Pool name or Wildcat

Buffalo Valley Penn

4. Well Location

Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line

Section 17 Township 15S Range 28E NMPM Chaves County

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

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Change of Operator ☒ XX

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.

Louis Dreyfus Natural Gas Corp., is the successor operator of the above property, operating under Plugging Bond #400QG8911, Surety Bond #400G08912, and Land Bond #0GB215. Assuming operations from DEKALB Energy Company effective October 16, 1992.

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

SIGNATURE

Ronnie K. Drani

TITLE

Vice President

DATE

10-16-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

TLR