

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

7. Lease Name or Unit Agreement Name

R & S State

8. Well No.

1

9. Pool name or Wildcat

Buffalo Valley (Penn)

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 Corporation

3. Address of Operator

14000 Quail Springs Pkwy, Ste. 600

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.)

3538.2 Gr.

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: Open additional intervals ☒

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.

Temporarily abandon existing perforations (8874-8880) and open additional Penn Sands (8828-8830) & (8836-8839). Current completion is making 65 MCFD at 140 psig. New intervals are expected to have virgin pressure (3300 psia) and tested 600 Mcfpd at 170 psig on drill stem test.

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

SIGNATURE

*Carla M. Lisle*

TITLE Operations Tech

DATE 9/19/94

TYPE OR PRINT NAME

Carla M. Lisle

405/  
TELEPHONE NO. 749-5255

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 5 1994

NEW YORK

SEP 21 1994

OFFICE  
OF THE  
ATTORNEY GENERAL

RECEIVED  
SEP 23 1994  
JUDICIAL  
OFFICE