Submit 3 Copies To Appropriate District Office DISTRICT I State of New Mexico Energy, Minerals and Natural Resources	Form 103 Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
811 South First, Artesia NM 88210	30 - 015 - 3104 \(\frac{3}{2}\) 5. Indicate Type, of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505	STATE T FEE
District IV 2040 S. Pacheco, Santa Fe, NM 87505	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 Well □ Gas Well X Other	Rio Cinco "26" State
Name of Operator Louis Dreyfus Natural Gas Corporation	8. Well No. I
3. Address of Operator 14000 Quail Springs Parkway, Suite 600 Oklahoma City, OK 73134	9. Pool name or Wildcat Empire Morrow South
4. Well Location Unit letter D: 1220 feet from the North line and 660 feet from the West line	
Section 26 Township 17S Range 28E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3611'	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	BOLTAN
OTHER: 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 recompilation. 4/13/00, ran 9 5/8" J-55 36# ST&C csg, set @ 2192'. Cemented w/600 sks Class "C" + 0.25 CF. Tailed w/270 sks Premium Plus + 1% Cacl Displaced w/165 this fresh water, landed plug with 1012 PSI. Plug down @ 8:48 AM. WOC 12 hrs.	
Commenced drilling. RECEIVED ARTESIA	General Control of the Control of th
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE (Change Change Control of Control	nician DATE 4/17/00
Type or print name Carla Christian	Telephone No. (405) 749-5263
(This space for State use)	DOD 9 E 2001
APPROVED BY For Record Cn/2 TITLE DATE DATE DATE DATE TO CONDITION OF Approval, if any: Resubmit ! Note was time	