والمالي Form C-103
Form C-1 93
Revised March 25, 1999

Di trict Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-19 Revised March 25, 19	
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
DISTRICT II 811 South First. Artesia NM 88210	OIL CONSERVATION DIVISION		5 1 1 1 2	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505		5. Indicate Type of Lease STATE FEE	
<u>District IV</u> 2040 S. Pacheco. Santa Fe, NM 87505	Sulta 1 5, 1411 67 505		6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR P	FICES AND REPORTS ON PROPOSALS TO DRILL OR TO DEEPER	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name:	
Type of Well: Oil Well □ Gas Well	PLICATION FOR PERMIT" (FORM C-10 Other	Geronimo 33 State Com		
2. Name of Operator			8. Well No.	
Louis Dreyfus Natural Gas	Corp.		1	
3. Address of Operator P.O. Roy 370 Carlshad, No.	w Mayica 99771		9. Pool name or Wildcat	
P.O. Box 370, Carlsbad, New Mexico 88221 4. Well Location				
	t from the North line and 1980 t	feet from the West line		
Section 33	Tanakia	ISC D	NF	
Section 55	Township 1 10. Elevation (Show whether	Range 28	BE NM Eddy County	
	3664'			
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	\square ALTERING CASING \square	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEN		
OTHER:		OTHER: Change sur	rface location	
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.				
Original APD had the following	ng surface location: 1700 FNL & Sec. 33-T17S Eddy County		7526272823333 A	
This is not a legal location, pl	lease change the surface location	n to: 1700 FNL & 1980 F Sec. 33-T17-R28E Eddy County, New 1	RECEIVED #	
I hereby certify that the informati	on above is true and complete to t	the best of my knowledge	and belief.	
SIGNATURE Sene	Simu TITLE	E District Operations Ma	anager DATE: March 27, 2000	

Type or print name Telephone No. (505) 885-1313 Gene Simer (This space for State use)

ORIGINAL SIGNED BY TIM W. GUM MAR 2 7 2000 DATE DISTRICT II SUPERVISOR APPROVED BY_ _TITLE_ Conditions of approval, if any: