Submit 3 Copies To Appropriate District Office **DISTRICT I** 1625 N. French Dr., Hobbs, NM 88240 **DISTRICT II** 811 South First, Artesia NM 88210 **DISTRICT III** 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

	<i>B</i>	Ke.	Form C-103 vised March 25, 1999
WE	CLL API NO. 30-015-31184	V	
5.	Indicate Type of Lease STATE T	e EE	

<u>District IV</u> 2040 S. Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLI DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR S 1. Type of Well:	JG BACK TO A 4 P $_{C_{\alpha}}^{C_{\alpha}}$
Oil Well Gas Well X Other	
Name of Operator Louis Dreyfus Natural Gas Corporation	8. Well No. 1
3. Address of Operator 14000 Quail Springs Parkway, Suite 600 Oklahoma City, OK 73134	9. Pool name or Wildcat Empire South (Morrow)
4. Well Location Unit letter M: 1700 feet from the South line a	and 880 feet from the East line
Section 26 Township 17S	Range 28E NMPM Eddy County
10. Elevation (Show whether DF, RK 3658'	B, RT, GR, etc.)
11. Check Appropriate Box to Indicate Na	ture of Notice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEIG Oldy Resident World 1200 mm	EDIAL WORK
TEMPORARILY ABANDON	MENCE DRILLING OPNS.
PULL OR ALTER CASING MULTIPLE CASI	NG TEST AND CEMENT JOB
OTHER: OTHI	R:
 Describe proposed or completed operations. (Clearly state all pertinent details posed work). SEE RULE 1103. For Multiple Completions: Attach wellbore of the complete of the comp	s, and give pertinent dates, including estimated date of starting any pro-
Spud 7-19-00. 7-21-00 ran 9 jts 13 3/8" 54.5#, set @ 403'. Cemented Prem/Plus 2% CaCl2, plug down @ 1200 hrs, bumped plug & float hel	ead w/180 sks PP/HLC w/2% CaCl2, tailed w/200 sks d; circulated 56 sks of cmt to pit. 18 hrs wait on cement.
I hereby certify that the information above is true and complete to the best	of my knowledge and belief.
SIGNATURE (ONG MUSIKAM TITLE	Regulatory Technician DATE 7/28/00

(This space for State use)

Type or print name

APPROVED BY

ORIGINAL SIGNED BY TIM W. GUM BISTRICT II SUPERVISOR 564

DISTRICT II SUPERVISOR TITLE

Telephone No. (405) 749-5263

DATE AUG 2 8 2000

Conditions of approval, if any:

Carla Christian