Submit 3 Copies To Appropriate District Office DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II
811 South First Artesia NM 88210

State of New Mexico Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

H	Form C-103		
\sim	Revised March 25, 1999		

WELL API NO. 30-015-31184

	30-013-3110-				
5.	Indicate Type of Lease				
	STATE FEE				
_	State Oil 8 Ann Lann Na				

DISTRICT III	2040 South	n Pacheco	5. Indicate Type of Lease STATE 15. FEE			
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Danta 1 C, 14171 07505					
2040 S. Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No.			
SUNDRY NOTI (DO NOT USE THIS FORM FOR PRODIFFERENT RESERVOIR. USE "APPLIA") 1. Type of Well:	7. Lease Name or Unit Agreement Name: Rio Ocho "26" State					
Oil Well Gas Well	0 W HN 1					
2. Name of Operator Louis Dreyfus Natural Gas Corporation	8. Well No. 1					
3. Address of Operator 14000 (Oklahoma City, OK 73134	9. Pool name or Wildcat Empire South (Morrow)					
4. Well Location						
Unit letter M: 1700 feet from the South line and 880 feet from the East line						
Section 26	Township 178	Range 28E	NMPM Eddy County			
	10. Elevation (Show whether					
	3658'					
		27.				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK COMMENCE DRILLING	☐ ALTERING CASING ☐ PLUG AND			
TEMPORARIL T ABANDON	CHANGETEANS	ABANDONMENT				
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEM	ENT JOB			
OTHER:		OTHER:				
	perations. (Clearly state all pertinen for Multiple Completions: Attach we		tes, including estimated date of starting any prompletion or recompilation.			
7-28-00 ran 61 jts 9 5/8" 36#, set Prem/Plus w/2% CaCl2, plug do Commenced drilling.	t @ 2730'. Cemented lead w/77: wn & bumped @ 0900 hrs, circu	5 sks premium plus interfil ılated 290 sks of cmt to sur	"C", tailed w/200 sks face. 27 1/2 hrs wait on gement, CO CENTRAL			
I hereby certify that the information	-					
SIGNATURE COMP UN	ustion III	E Regulatory Techni	cian DATE 8/4/00			
Type or print name Carla Christi	an		Telephone No. (405) 749-5263			
(This space for State use)	ORIGINAL SIGNED BY YES	a W. Gum	AUG 2 8 20			
APPROVED BY	district ii supervisor	LE BIA	DATE			
Conditions of approval, if any:						