Submit 3 Copies to Appropriate State of New	Mexico
1 to the second s	Intexico Form C-103 Iatural Resources Revised March 25, 1999
DISTRICT	VELL API NO.
1625 n. French Dr., Hobbs, NM 88240 DISTRICT II OII CONSERVATI	ON DIVISION 324 25 26 30-015-31716
2040 South [Dechacar 0 2 5 15. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NN DISTRICT IV	1 8/505 6. State Oil & Gas Lease No. 647-324, E-135
2040 S. Pacheco, Santa Fe, NM 87505	RECENTED B-2071, B-11593, B-8814
SUNDRY NOTICES AND REPORTS ON WELDS) 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 19/4	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS" Geronimo "27" State Com	
1. Type of Well: Oil Well Gas Well X Other	3 ⁵¹
2. Name of Operator	8. Well No.
Louis Dreyfus Natural Gas Corp.	2
3. Address of Operator 9. Pool name or Wildcat	
14000 Quail Springs Parkway - Suite 600 - Oklahoma C	ty, OK 73134 Empire; Morrow, South
4. Well Location Unit letter A_{E} :990' feet from the South	line and 660' feet from the West line.
Section <u>27</u> Township <u>17S</u>	Range 28E NMPM Eddy County
10. Elevation (Show 368	whether DR, RKB, RT, Gr, etc.)
11 Check Appropriate Box to Indi	cate Nature of Notice, Report or Other Data
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION	
OTHER:	OTHER: Set CIBP & Plug Back.
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pro-	
propsed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
6/15/01 Perf'd the Morrow as follows: 10,144 - 10,154, 10,160 - 10,165, 10,378 - 10,384 4 spf. Determined to be uneconomical.	
Received verbal approval from Bryan Arrant @ OCD on 6-19-01 to plug back.	
	top of CIBP. 6/21/01 perf 9 the Atoka from 9,866 - 9,872 4
spf.	
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I hereby certify that the information above is true and complete to the best \sim	of my knowledge and belief.
SIGNATURE (allo Chustian TI	TLE Regulatory Technician DATE 06/22/01
Type or print name Carla Christian	Telephone No. 405-749-5263
(This space for State use) ORIGINAL SIGNED BY THE W. QUA	
APPROVED BY	THE DATE 05 2001
Conditions of approval, if any:	