

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL APPLIC.

30-015-31716

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

647-324, E-135
B-2071, B-11593, B-8814

7. Lease Name or Unit Agreement Name:

Geronimo "27" State Com

8. Well No.

2

9. Pool name or Wildcat

Empire; Morrow, South

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)

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator

Louis Dreyfus Natural Gas Corp. /

3. Address of Operator

14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134

4. Well Location

Unit letter A :990' feet from the South line and 660' feet from the West line.Section 27 Township 17S Range 28E NMPM Eddy County10. Elevation (Show whether DR, RKB, RT, Gr, etc.)
3681'

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐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 proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

7-21-01 received verbal approval from Jerry Guy at OCD to come up to the Wolfcamp.

7-21-01 Set CIBP @ 9800' and dump bailed 35' of cement on top. Perf'd Wolfcamp from 7860 - 7898.
Testing & Evaluating.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Carla Christian TITLE Regulatory Technician DATE 07/24/01

Type or print name Carla ChristianTelephone No. 405-749-5263

(This space for State use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR TITLE _____

DATE JUL 30 2001

Conditions of approval, if any: