

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 API NO.

30-015-31829

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-4575 B-4575

636-135, B-1111, E-7075, 647

7. Lease Name or Unit Agreement Name:

Geronimo "28" State Com

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.

8. Well No.

1

3. Address of Operator

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

9. Pool name or Wildcat

Empire Morrow South

4. Well Location

Unit letter J 1500' feet from the South line and 1800' feet from the East line.Section 28 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, Gr, etc.)

3684'

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: ☐

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.

7/31/01 ran 248 jts 5 1/2", 17#, P 110 & N80 csg, set at 10,488', cemented 1st stage lead w/375 sks 50:50 Poz H, tailed w/300 sks PV lite. Plug down @ 1700, WOC, drop bomb & circ 60 sx to reserve. Cemented 2nd stage w/610 sx 50:50 Poz. Plug down @ 2200. Rig released, WOCU.

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 08/01/01

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

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

AUG 1 8 2001

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: