State of New Mexico Submit 3 Copies to Appropriate Form C-103 **District Office** Energy, Minerals and Natural Resources Revised March 25, 1999 DISTRICT I WELL API NO. 1625 n. French Dr., Hobbs, NM 88240 DISTRICT II OIL CONSERVATION DIVISION 30-015-31185 811 South First, Artesia, NM 88210 Indicate Type of Lease 2040 South Pacheco DISTRICT III STATE X FEE Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. DISTRICT IV 2040 S. Pacheco, Santa Fe, NM 87505 647, B-949, B-11593 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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) Geronimo "36" State Com Type of Well: Oil Well Gas Well Other Name of Operator Well No. Louis Dreyfus Natural Gas Corp. 3. Address of Operator Pool name or Wildcat 14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134 Empire South (Morrow) Well Location Unit letter С 1060' feet from the North line and 1980' feet from the West line 36 Section Township 17S Range 28E **NMPM** Eddy County 10. Elevation (Show whether DR, RKB, RT, Gr, etc.) 3680' 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING MULTIPLE CASING TEST AND CEMENT JOB X COMPLETION OTHER: OTHER: 12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propropsed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 6/3/01 ran 5 1/2", 17#, N-80 LT&C csg., set @ 10,892'. Cemented lead w/400 sx 50/50 Poz H, tailed w/940 sx PV lite. Cemented 2nd stage lead w/1150 sx 50:50 Poz H, tailed w/50 sx "C" neat. Plug down @ 11:32 p.m. Rig released, waiting on completion.

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

Regulatory Technician DATE 06/19/01

Type or print name

Carla Christian

Telephone No.

(This space for State use)

ORIGINAL SIGNED BY TIM W. QUIM

405-749-5263

APPROVED BY

DISTRICT II SUPERVISOR TITLE

DATE

Conditions of approval, if any: