Evaulating

## DEPARTMEN? . THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 01812

Expires: November 30, 2000

5. Lease Serial No.

	**	
SUNDRY NOTICES AND REPORTS ON WELLS		ŀ
SUMBRI MULICES AMD REPURIS ON WHALS		ı
The state of the s		

Do not use this form for proposals to drill or to re-enter an

NMLC-028731 (b) 6 If Indian Allottee or Tribe Name

abandoned well. Use Form 3160-3 (APD) for such proposals.			o. It motall, Anottee of Tribe Name				
SUBMIT IN TRIPLI	CATE - Other Instructio	ns on reverse side		7. If Unit or CA	/Agreement, Name	and/or No.	•
1. Type of Well							
Oil Well X Gas Well	Other			8. Well Name ar	nd No.		
2. Name of Operator	<del></del>			Durano	go "10" Feder	al #1	
LOUIS DREYFUS NATURAL GA	S CORP.			9. API Well No.	,		
3a. Address Suite 6	3b. Phone No. (include area code)			30-015-31974			
14000 QUAIL SPGS PKWY, OKI	_A CITY, OK 73134 405-749-1300		0	10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M.	, or Survey Description)	·					
				Grayburg; Morrow			
	11. County or Parish, State		7.4	<del></del>			
UL P, 840' FSL & 1140' FEL, Se	ec. 10-17 <b>N</b> -29E					<b>A</b>	
				Eddy			, · · · · ·
<ol><li>CHECK APPROPRIATE</li></ol>	BOX(ES) TO INDICAT	E NATURE OF N	OTICE, REPO	ORT OR OTH	ER DATA		WEB
TYPE OF SUBMISSION		TYP	E OF ACTION	Į .		RECL OCD P	RIESIA
Notice of Intent	Acidize	Deepen	Production (St	art/Resume)	Water Shut-Q	.~, <b>U</b> =	
<b>J</b>	Altering Casing	Fracture Treat	Reclamation	<b>,</b>	Well Integrity		
X Subsequent Report	Casing Repair	New Construction	Recomplete		Other		
<b>9</b>	Change Plans	Plug and Abandon	Temporarily A	bandon			
Final Abandonment Notice	Convert to Injection	Pług Back	Water Disposa		<del></del>	· · · · · · · · · · · · · · · · · · ·	
Describe Proposed or Completed Opera If the proposal is to deepen directionally Attach the Bond under which the work following completion of the involved ope testing has been completed. Final Ab determined that the site is ready for final 11-20-01 Verbal approval re-	or recomplete horizontally, give will be performed or provide the rations. If the operation results i andonment Notices shall be filed inspection.)	subsurface locations at Bond No. on file with B n a multiple completion only after all requireme	nd measured and tr LM/BIA. Required or recompletion in nts, including rectar	ue vertical depths d subsequent repo a new interval, a mation, have beer	of all pertinent mai irts shall be filed with Form 3160-4 shall	rkers and zones. thin 30 days be filed once a operator has	]
11-20-01 Set CIBP @ 10,65	50', dump bailed 35' of	cement on top.	·		Déc		
11-24-01 Perf'd Atoka 10,22	20 - 10,228, 10,236 - 10	0,249 all 4 SPF.		ALE	YIS C SMOT	ach	

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Carla Christian Title Regulatory Technician Signature Date November 27, 2001 THIS SPACE FOR FEDERAL OR STATE OFFICE USE

11-25-01 Pumped a total of 1500 gal 15% NeFe acid w/10% methanol and clay control

Approved by Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

Date

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.