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Submit 3 Copies To Appropriate District Office	trict State of New Mexico				Form C-1	03	
District I	Energy, Minerals and Natural Resources				Revised March 25, 19	999	
1625 N. French Dr., Hobbs, NM 87240 District II				WELL API NO. 30-015-307	788		
811 South First, Artesia, NM 87210 District III	OIL CONSER		-	5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505			STATE STATE			
District IV 2040 South Pacheco, Santa Fe, NM 87505					6. State Oil & Gas Lease No.		
		EPEN OR PI	LUG BACK TO A	648 7. Lease Name o	or Unit Agreement Nam	e:	
1. Type of Well: Oil Well Gas Well A Other				TURKEY TRACK 2 STATE			
2. Name of Operator				8. Well No.			
LOUIS DREYFUS NATURAL GAS CORP.				1			
3. Address of Operator 14000 Quail Springs Par	ckwav, #600, (	)klahom	a City OK 73	9. Pool name or	Wildcat Lgnated Turkey I	Troole	
4. Well Location	,, ,,,,,,		- 010, 0K 73		(Morrow)	LIACK	
Unit Letter K · · ·	650 6 6	Cart	L 1	( = 0	. ,		
Unit Letter K	1650 feet from the	Sout	11 line and $1$	.650 feet from	m the <u>West</u> lin	ie	
Section 2	Township l		ange 28E	NMPM Eddy	7 County		
	0. Elevation <i>(Show</i> ) 3447' GR						
11. Check App	ropriate Box to In	dicate N					
NOTICE OF INTE PERFORM REMEDIAL WORK D				SEQUENT REI		r	
		•	REMEDIAL WORK		ALTERING CASING		
	HANGE PLANS		COMMENCE DRIL	_	PLUG AND ABANDONMENT		
	ULTIPLE OMPLETION		CASING TEST AN CEMENT JOB	D			
OTHER:			OTHER:		ſ		
<ol> <li>Describe proposed or completed o of starting any proposed work). SE or recompilation.</li> </ol>	perations. (Clearly s E RULE 1103. For	tate all per Multiple (	tinent details, and gi Completions: Attach	ve pertinent dates, i wellbore diagram o	including estimated date of proposed completion		
Well spud 11/22/99. Dr	illed 17-1/2"	hole	to 415': 13-3	/8" 54.5# cs	g, set @ TD		
Cemented w/180 sks. HL-	•Prem Plus w/5	% gel,	2% CaCl2; ta				
2% CaCl2. Circulated 6	6 sks. to sur	face.		12345	6		
Commenced drilling ll'	hole on 11/22	/90		iled w/200 s 12345 DEC :::39 RECEIVED OCD - ARTESIA	60		
sommetreed drifting fi	1012 011 11/25	/ > > •		DFP. +- in	10		
				RECEIVED	11		
				OCD - ARTESIA	27:		
			4		NA NA		
					at at		
				11818505 S			
						_	
hereby certify that the information abo	ve is true and compl	ete to the b	best of my knowledg	e and belief.		-	
SIGNATURE	part	_TITLE_	Regulatory Te			<u>)</u> 9	
Type or print name Terrve	D. Bryant	I		• •	49-5287		
This space for State use)		7h			hone No.		
• *	v W. Sun	w l	Ditia	-	<u>/ date / 2 - 7 - 9</u>	: 4	
APPPROVED BY Conditions of approval, if any:	o w. sur	TTTLE	- mul	manisor	<u>/</u> DATE <u>// / · / · /</u>	_/	
concentions of approval, it ally.							