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Form C-103 Revised March 25, 1999
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5-30788 Type of Lease
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or Wildcat
(Atoka)
from the <u>West</u> line
County Eddy
ner Data REPORT OF: Delian Casing Delian Del
PLUG AND ABANDONMENT
atoka X tes, including estimated date am of proposed completion
35' cement on top
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Submit 3 Copies To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources District I WELL API N 1625 N. French Dr., Hobbs, NM 87240 30-01 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate T 2040 South Pacheco District III **STAT** 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV State Oil 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Nan (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.) Turke 1. Type of Well: Oil Well \square Gas Well Other 2. Name of Operator 8. Well No. Louis Dreyfus Natural Gas Corporation Address of Operator 14000 Quail Springs Parkway, Suite 600 9. Pool name Oklahoma City, OK 73134 Millman 4. Well Location K: 1650 feet from the South line and 1650 feet Section Township 19S Range **NMPM** 28E 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3447 ° 11. Check Appropriate Box to Indicate Nature of Notice, Report or Oth NOTICE OF INTENTION TO: SUBSEQUENT F PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK **TEMPORARILY ABANDON** ☐ CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: Plug Back to A 12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dat of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagraor recompilation. 1. Pull Production Pkr @ 10,569'. Set CIBP @ 10,620'. Dump bail 3 of plug. (Abandon perfs from 10,636' - 10,880') 2. Perforate Atoka Perfs 10,544' - 547' & 10,550' - 556' @ 6 SPF. Wellhead flanged up with 5000 lb tree. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE _TITLE_ Regulatory Technician _DATE 5-10-00 Type or print name Carla Christian Telephone No. (405) 749-5263 (This space for State use)

APPPROVED BY TO Recent Colo

Conditions of approval, if any:

