

Submit 3 Copies to Appropriate District Office
 DISTRICT I
 1625 n. French Dr., Hobbs, NM 88240
 DISTRICT II
 811 South First, Artesia, NM 88210
 DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410
 DISTRICT IV
 2040 S. Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
 Santa Fe, NM 87505

WELL API NO.
 30-015-31771

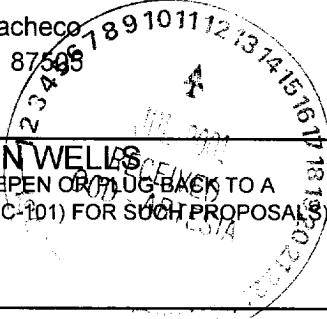
5. Indicate Type of Lease
 STATE FEE

6. State Oil & Gas Lease No.
 648

7. Lease Name or Unit Agreement Name:
 Turkey Track "11" State

8. Well No.
 4

9. Pool name or Wildcat
 Palmillo; Bone Springs, SW



SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO 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.

3. Address of Operator
 14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134

4. Well Location
 Unit letter F 2310' feet from the North line and 1650' feet from the West line.
 Section 11 Township 19S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, Gr, etc.)
 3458'

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.

6/28/01 ran 206 jts 5 1/2", 17#, N-80 csg, set at 8705', cemented w/700 sks TXI lightweight, plug down @ 2:20, float held. Rig Down. 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 07/09/01

Type or print name Carla Christian Telephone No. 405-749-5263

APPROVED BY Jim W. Green TITLE District Supervisor DATE JUL 23 2001

Conditions of approval, if any: Note TOC