

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 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 County10. 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 ANDCASING TEST AND CEMENT JOB ☐ ABANDONMENT ☐OTHER: Frac Job ☒

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.

Completion papers were mailed in on November 5, 2001, decided to come back and frac.

11-15-01 pumped a total of 35,887 gal YF130D gel, 8,103 gal WF130 flush (43,989 gal total) 57,500 lb 20/40 Ottawa sand, and 12,360 lb 20/40 CR5000 resing coated sand.

Well is to be put on a pumping unit.

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 11/27/01Type or print name Carla ChristianTelephone No. 405-749-5263

(This space for State use)

APPROVED BY [Signature] TITLE ORIGINAL SIGNED BY TIM W. GUM DATE JAN 10 2002

Conditions of approval, if any:

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR