Submit 3 Copies to Appropriate District Office DISTRICT I 1625 n. French Dr., Hobbs, NM 88240 DISTRICT II

APPROVED BY

Conditions of approval, if any:

State of New Mexico , Minerals and Natural Resources Enε

Form C-103

OIL CONSERVATION DIVISION

2040 South Pacheco

٨	Revised March 25, 1999				
)	٧	WELL API NO.			
		30-015-32120			
•	5.	5. Indicate Type of Lease			
		STATE X	FEE		
	6.	State Oil & Gas	Lease No.		

DATE

811 South First, Artesia, NM 88210 DISTRICT III Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 DISTRICT IV 2040 S. Pacheco, Santa Fe, NM 87505 NM 648 SUNDRY NOTICES AND REPORTS ON WELLS Lease Name or Unit Agreement Name: (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) Turkey Track "11" State Type of Well: Oil Well Gas Well Other Name of Operator 2. Well No. Louis Dreyfus Natural Gas Corp. Address of Operator Pool name or Wildcat 14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134 Palmillo; Bone Springs, SW Well Location Unit letter 530' West feet from the North 1650' line and feet from the line. Township Section **19S** 28E **NMPM** Eddy County Range 10. Elevation (Show whether DR, RKB, RT, Gr, etc.) 3451 Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND CEMENT JOB X COMPLETION OTHER: OTHER: 12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propropsed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 1-19-02 Ran 200 jts 5 1/2" N-80, 17# csg., set @ 8,650. Cemented w/550 sx Super "H". Bumped plug, float held. Rig released, WOCU. 49191 I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** 01/29/02 Regulatory Technician TITLE DATE 405-749-5263 Carla Christian Type or print name Telephone No. (This space for State use) **DISTRICT II SUPERVISOR** 

TITLE