

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
FORM APPROVED
Drawer DD Budget Bureau No. 1004-0135
Artesia, NM 88210 Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | |
|---|---|
| 1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. <u>NM 34247 R</u> |
| 2. Name of Operator <u>Louis Dreyfus Natural Gas Corp.</u> | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. <u>14000 Quail Springs Parkway, Suite 600</u> <u>Oklahoma City, OK 73134</u> | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>Sec. 33, T-22S, R-26E</u> | 8. Well Name and No. <u>Sheep Draw Fed. #2</u> |
| | 9. API Well No. <u>30-015-27015</u> |
| | 10. Field and Pool, or Exploratory Area <u>Happy Valley Delaware</u> |
| | 11. County or Parish, State <u>Eddy County, New Mexico</u> |

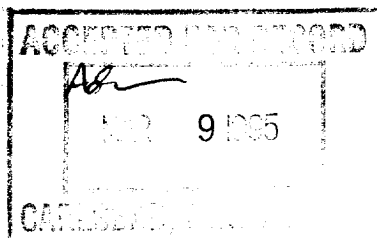
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|---|---|--|
| 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | |
| TYPE OF SUBMISSION | TYPE OF ACTION | |
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other <u>H2S Report</u> | <input type="checkbox"/> Dispose Water |
| (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | |
| 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* | | |

In Compliance with Onshore Order No. 6.
This well produces Hydrogen Sulfide.
Measurements indicate 1,620 ppm H2S in the gas stream.
100 ppm ROE = 40 feet
500 ppm ROE = 18 feet

RECEIVED

MAR 14 1995

OIL CON. DIV.
DIST. 2



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|--|--|--------------------|
| 14. I hereby certify that the foregoing is true and correct. | | |
| Signed <u>[Signature]</u> | Title <u>Environmental & Safety Director</u> | Date <u>2-2-95</u> |
| (This space for Federal or State office use) | | |
| Approved by _____ | Title _____ | Date _____ |
| Conditions of approval, if any: | | |

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.