

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Dra : DD  
Artesia, NM

FORM APPROVED  
Budget Bureau No. 1004-0135  
88210 Expires: March 31, 1993

CISF

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Louis Dreyfus Natural Gas, Corp.

3. Address and Telephone No. 14000 Quail Springs Pkwy., Suite 600  
Oklahoma City, OK 73134

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

N, Sec 28, T22S, R26E  
330' FSL & 2310' FWL

5. Lease Designation and Serial No.

NM 34247

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sheep Draw "28" Fed #1

9. API Well No.

30-015-27488

10. Field and Pool, or Exploratory Area

Happy Valley Delaware

11. County or Parish, State

Eddy NM

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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other H2S Report
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on the 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 no Hydrogen Sulfide

14. I hereby certify that the foregoing is true and correct

Signed

(This space for Federal or State office use)

Title Environmental & Safety Director

Date 2-2-95

Approved by  
Conditions of approval, if any:

Title

Date

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 statement or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side