Submit 3 Copies To Appropriate District Office

State of New Mexico

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Form C-103 Revised March 25, 1999

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	OIL CONSERVAT  2040 South Santa Fe, N	WELL API NO. 30-015-29185  5. Indicate Type of Lease STATE 1 FEE					
strict IV 40 S. Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No. V708				
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				7. Lease Name or Unit Agreement Name: "EV" State			
2. Name of Operator Louis Dreyfus Natural Gas Corporation				8. Well No. 6			
3. Address of Operator 14000 Quail Springs Parkway, Suite 600 Oklahoma City, OK 73134				9. Pool name or Wildcat Happy Valley Delaware			
4. Well Location Unit letter G: 165	of 60 feet from the North	line and <u>1650</u>	feet from the		line		
Section 32	Township 22S	Range 26E	NMPM	Eddy	County		
	10. Elevation (Show whether 3320'						
11. Check	Appropriate Box to Indica	te Nature of Notice, Re	eport or Othe	er Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING C	ASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	OPNS.	PLUG AND ABANDONM			
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMI					
OTHER:		OTHER:					
OTHER:  OTHER:  OTHER:  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 recompilation.    1600							
Set CIBP @ 2,700'. Dump bail 3 at surface. Cap well, cut anchors INSTALL DRY HAE MAR	35' of cement on top of CIBP. S off, clean location. KER IAW RUL 202.	pot 25 sks @ <del>1,650'</del> . Spot 2	25 sks @ <del>360'</del> .	(E)		SIA SIGNATURE OF SIA	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE Colla U	ustian TITL	E Regulatory Te	echnician	DA	TE 10/2	2/00	
Type or print name Carla Chris	tian		Те	lephone No.	(405) 7	49-5263	
(This space for State use)							
APPROVED BY TO LO STUPE Conditions of approval, if any:	TITLTIT	LE Field Rep. I		DA	ATE <u>10/3</u>	טטטק /רצ	

NOTIFY OCD TO WITHESS