C15F Op

Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-29185

5. Indicate Type of Lease STATE [X] FEE [ ]

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.)

7. Lease Name or Unit Agreement Name: "EV" State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Louis Dreyfus Natural Gas Corporation

8. Well No. 6

3. Address of Operator: 14000 Quail Springs Parkway, Ste. 600, Oklahoma City, OK 73134

9. Pool name or Wildcat: Happy Valley Delaware

4. Well Location
Unit Letter G : 1650 Feet From The North Line and 1650 Feet From The East Line

Section 32 Township 22S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3320'

11. 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 [X]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: [ ]	

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.

(1) 6-29-01 Set 5-1/2" CIBP @ 2700' w/ 4 sx cmt. 35'.
(2) 6-29-01 Spot 25 sx cmt. from 1600' to 1379', WOC & tag @ 1405'.
(3) 6-29-01 Spot 25 sx cmt. from 410' to 189', WOC & tag @ 206'.
(4) 7-02-01 Spot 10 sx cmt. from 50' to Surface.

JUL 2001 RECEIVED OCD ARTESIA

Post P&A

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Randall Minear TITLE Agent DATE 07/06/01

TYPE OR PRINT NAME Randall Minear TELEPHONE NO. (915)530-0907

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep II DATE 8-24-01

CONDITIONS OF APPROVAL, IF ANY: