Form 3160-5 (August, 1999)

UNIT STATES N.M. Oil Cons. C sion DEPARTMENT OF THE INTERIOR 811 S. 1st Street BUREAU OF LAND MANAGEMENT 811 S. 1st Street

FORM APPROVED

OMB No. 1004-0135

pires: November 30, 2000

BUREAU C	JF LAND MANAGEN	Artasia	NM 88	210-28	h No.	er 30, 2000		
SUNDRY NOTICES AND REPORTS ON WELLS				32. Luse Schar No. NMNM 0453201				
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name			
1. Type of Well				7. If Unit or C	A/Agreement, Name	e and/or No.		
Oil Well X Gas Well Other				8. Well Name and No				
2. Name of Operator					Squaw Federal #1			
LOUIS DREYFUS NATURAL GAS CORP.					0.			
3a. Address Suite 600 3b. Phone No. (include area code)				30-015-20999				
14000 QUAIL SPGS PKWY, OKLA	405-749-1300		10. Field and	Pool, or Exploratory Area				
4. Location of Well (Footage, Sec., T., R., M., or				Sheep I	Draw Strawn Parish, State			
1980' FNL & 1980' FWL, Sec. 12-23S-25E					Eddy County, NM			
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPO					HER DATA			
TYPE OF SUBMISSION		ТҮРЕ (
Notice of Intent	Acidize Altering Casing	Deepen Fracture Treat	Production (S	Start/Resume)	Water Shut-Off Well Integrity			
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon	Recomplete Temporarily	Abandon	Other	William Contraction		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Dispo	sal .	*	A (2)		
13 Describe Proposed or Completed Operation If the proposal is to deepen directionally or Attach the Bond under which the work will following completion of the involved operat testing has been completed. Final Abandetermined that the site is ready for final ins 1. Set CIBP @ 9630'. Dump b 2. Perf Squeeze holes at 4955 3. Perforate the Avalon format	recomplete horizontally, givil be performed or provide the lions. If the operation results donment Notices shall be file spection.) atil 35' of cement on 5'. Cement w/200 sks	e subsurface locations a e Bond No. on file with B in a multiple completion d only after all requirement plug. S, Class C. Test.	nd measured an I M/RIA Regu	d true vertical d ired subsequent	epths of all pertinent treports shall be filed al., a Form 3160-4 s been completed am	markers and zones.		

- 4. Acidize with 1000 gals 15%. Frac if warranted.
- 5. Turn well to production.

Well Completion Or Recompletion Report And Log (Form 3160-4) Required After All Recompletion Work Has Been Completed.

14. I hereby certify that the foregoing is true and correct Name: (Printed Typed)		Dogulatory Tochnic	ion	<u></u>	=
Carla Christian	Title	Regulatory Technic	ian		_
Signature Coula Urustian	Date	October 2, 2000			-
					<u>k</u>
Approved by OBIG SGD V DAVID SIGLASS	PETROLEUR	I ENGINEER	Date OCT	132	2000
Approved by OPIC SCD 10 1 1 2 1 ASS Conditions of approval, if any, are attached. Approval of this notice does not warrant of certify that the applicant holds legal or equitable title to those rights in the subject lead which would entitle the applicant to conduct operations thereon.	r				_

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, 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.