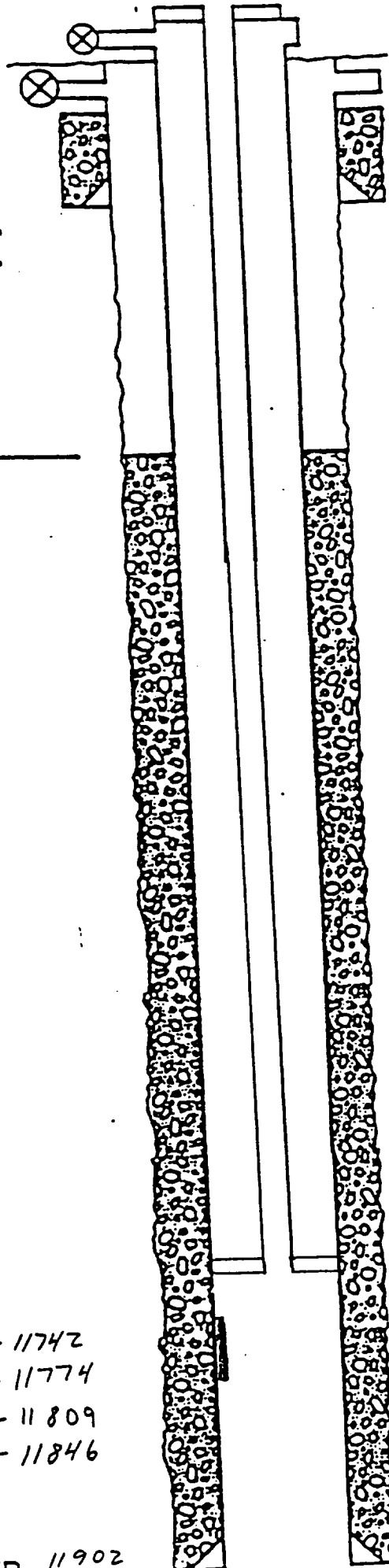




DATE: 2/17/95
AMENDED: YES NO

TOC 11470



L 1SE: Boeing Fnd Com 2-1
LOC: E Sec 2-T235-R26E
COUNTY: Eddy
STATE: New Mexico

13 3/8

____ SURFACE CSG SET @ 520
IN _____ HOLE
CMT TO SURFACE W/ _____

9 5/8 int sub e 5400'

278 jts 2 7/8" 6.5" AB mud
2 1/2 x 2 7/8 Xover

EL-2 on/off tool w/
1.875" F" profile

4' x 2 3/8 AB Mud pup joint

Model A3 Lock set pkrc 11700'

L. Morrow 11733-11742
11770-11774
11807-11809
11838-11846

5 1/2

____ CSG. SET @ 11940
IN _____ HOLE
CMT W/ _____

TD 11940 PBD 11902

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CO. COMMISSION
Drawer DD
Artesia, NM 88210

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

dsf

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

5. Lease Designation and Serial No.
NM 0331649

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Boeing Fed "2" No. 1

9. API Well No.
30-15-0000

10. Field and Pool, or Exploratory Area
Frontier Hills/Carlsba

11. County or Parish, State
Eddy New Mexico

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)
1980 FNL & 814 FWL
Sec 2, T-23-S, R-26-E

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 <u>H2S Report</u>
	<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 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 no Hydrogen Sulfide

RECEIVED
MAR 1 1995
OIL & GAS DIVISION
BUREAU OF LAND MANAGEMENT

ACCEPTED
MAR 6 1995
G. [Signature]

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
FEB 28 1995

14. I hereby certify that the foregoing is true and correct
Signed [Signature] Title Environmental & Safety Director Date 2-2-95
(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 statement or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

FA