

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CISF  
AP

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.  
30-015-27334

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-3479

7. Lease Name or Unit Agreement Name  
Pinnacle State

8. Well No.  
14

9. Pool name or Wildcat  
E. Herradura Bend, Delaware

**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

2. Name of Operator  
Louis Dreyfus Natural Gas Corp.

3. Address of Operator  
14000 Quail Springs Pkwy. Ste. 600 OKC, OK 73134

4. Well Location  
Unit Letter H : 1980 Feet From The North Line and 990 Feet From The East Line

Section 36 Township 22S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3129' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Spud well - See Attached

Run Csg. - See Attached

RECEIVED

JAN 0 1996

OIL CONSERV. DIV.  
DIST. II

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

SIGNATURE Raylene Smith TITLE Production Tech. DATE 1/3/96  
TELEPHONE NO. (405) 749-1300  
TYPE OR PRINT NAME Raylene Smith

(This space for State Use) **ORIGINAL SIGNED BY TIM W. GUM**  
**DISTRICT II SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 9 1996

COMMENTS OF APPROVAL IF ANY: