une 1990) DEPARTME. BUREAU OF L	TED STATES OF THE INTERIOR AND MANAGEMENT N.M. Oil Cons. Di 811 S. 1st Street AND REPORTS ON WELLS It or to deepen or reentry to a different reservoir. A PERMIT—" for such proposals	
SUBMIT	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well Gas Other		8. Well Name and No.
2. Name of Operator Ouis Dryfus Natural Gas		Quahada Ridge "31" #4 9. API Well No.
3. Address and Telephone No. 00 Quail Spring Pkwy., Oklahoma C	City, OK 73134	30-015-27836 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey De S31, T22S, R29E	escription)	Eddy County, NM
	330/W	
12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	1
Notice of Intent Subsequent Report	Abandonment Recompletion Plugging Back Casing Repair	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice	Altering Casing X Other <u>H2S Report</u>	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Wei. Completion or Recompletion Report and Log form in

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 Gas.

	ALG 2 2 1923 ALG 2 2 1923 ALG 2 2 1923	RECEIVED Aug 5 2 24 PH '96 CARLA DA AND THE
14. I hereby certify that the foregoing is true and correct Signed	Enviromental & Safety Director	02 August 1996
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Tide	Date
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly	y and willfully to make to any department or agency of the United Sta	tes any false, fictitious or fraudulent statem

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