

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

clsr
g

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

WELL API NO.

30-015-29179

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-3479

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

PINNACLE STATE

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

LOUIS DREYFUS NATURAL GAS CORP.

8. Well No.

#15

3. Address of Operator

14000 Quail Springs Parkway, Ste. 600, OKC, OK 73134

9. Pool name or Wildcat

East Herradura Bend, Delaware

4. Well Location

Unit Letter A : 990 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.)

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 ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: Spud & run casing ☒

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.

9/30/96 Set conductor pipe (20") to 40'. Spud 17-1/2" hole @ 4:00 p.m. Run in hole w/9 jts. (391.34') of 13-3/8" 54.5 # J-55 casing to 385' Rig up Dowell & cement w/10 BRW, 400 sx Class "C" w/2% Cacl & 1/4# per sx celloflake mixed @ 14.8#/sx, circulate 43 sx, plug down.

RECEIVED

NOV 20 1996

NR. CON. DIV.

DIST. 2

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

SIGNATURE

Raylene Smith

TITLE

Production Analyst

DATE 11/18/96

(405) 749-5251

TELEPHONE NO.

TYPE OR PRINT NAME

Raylene Smith

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

NOV 25 1996

APPROVED BY

TITLE

DATE