

Submit 3 Copies to Appropriate

District Office

DISTRICT I

1625 n. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

2040 S. Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

30-015-31584

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

LG 1443

7. Lease Name or Unit Agreement Name:

Saragossa "16" State

8. Well No.

2

9. Pool name or Wildcat

Carlsbad South (Morrow) PM

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 Parkway - Suite 600 - Oklahoma City, OK 73134

4. Well Location

Unit letter A 660' feet from the North line and 990' feet from the East line.

Section 16 Township 23S Range 26E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, Gr, etc.)
3336'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER: ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

MULTIPLE
COMPLETION ☐

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

ALTERING CASING ☐

PLUG AND
ABANDONMENT ☐

☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4/18/01 ran 79 jts 4 1/2" P-110, 13.04# csg, set @ 12,325'. Cemented w/360 sks "H", float held. Top of liner @ 9,229'.

Rig released @ 1600 hrs. 4/19/01.

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

SIGNATURE Carla Christian TITLE Regulatory Technician DATE 05/01/01

Type or print name Carla Christian

Telephone No. 405-749-5263

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 10 2001

Conditions of approval, if any: