

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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.

30-015-27557

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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

Big Horn State

8. Well No.

1

9. Pool name or Wildcat (29665)

Happy Valley Delaware

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 Prkwy, Suite 600, Oklahoma City, OK 73134

4. Well Location

Unit Letter 0 : 700 Feet From The South Line and 1980 Feet From The East Line

Section 28

Township 22S

Range 26E

NMPM Eddy

County

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

3272 GR

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Drilling permit extension ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Louis Dreyfus Natural Gas Corp respectfully requests an extension of the permit to drill the above well. The current permit expires on 7/25/95.

RECEIVED

MAY 5 1995

OIL CON. DIV.  
DIST. 2

✓ 2596

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

SIGNATURE

Kenton L. Sams

TITLE Operations Engineer

DATE 05/02/95

TYPE OR PRINT NAME

Kenton L. Sams

(405) 749-5259

TELEPHONE NO.

(This space for State Use)

ORIGINAL FILED IN 100-100000-100000

APPROVED BY

TITLE

DATE

MAY 30 1995

CONDITIONS OF APPROVAL, IF ANY: