## ibmit 3 Copies Appropriate istnet Office

## State of New Mexico Energy, Minerals and Natural Resources Department

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Form C-103 Revised 1-1-	t	P	ı

Appropriate istnet Office			•	
ISTRICTI O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-015-27557	
Santa Fe, New Mexico 87504-2088 O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE FEE		
DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410			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		
I. Type of Well: OIL GAS WELL WELL	OTHER			
Name of Operator LOUIS DREYFUS NATUR	RAL GAS CORP.		8. Well No.  1  9. Pool name or Wildcat	
7 Address of Operators	s Parkway, #600, OKC,	OK 73134	Happy Valley Delaware	
	OO Feet From The South		80 Feet From The <u>East</u> Line	
Section 28	Township 22S Ran  10. Elevation (Show whether I	nge 26E DF, RKB, RT, GR, etc.)	NMPM Eddy County	
11. Chec	k Appropriate Box to Indicate Interest NTENTION TO:	Nature of Notice, SU	Report, or Other Data BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	REMEDIAL WORK  COMMENCE DRILLING OPNS.  ALTERING CASING  PLUG AND ABANDONMENT		
PUIL OR ALTER CASING CASING TEST AND CEMENT JOB				
OTHER: Request for d	rilling permit X extension	OTHER:	cluding estimated date of starting any proposed	
work) SEE RULE 1103.			cluding estimated date of starting any proposed	
At this time, Loui extension for our	is Dreyfus Natural Gas Application for Permi	s Corp. resp it to Drill	ectfully requests an the above well.	

7/25/56

I hereby certify that the information above is true and complete to the best of my knowled signature.  **Thereby certify that the information above is true and complete to the best of my knowledge statement of the best of my knowledge.  **Thereby certify that the information above is true and complete to the best of my knowledge.  **Thereby certify that the information above is true and complete to the best of my knowledge.  **Thereby certify that the information above is true and complete to the best of my knowledge.  **Thereby certify that the information above is true and complete to the best of my knowledge.  **Thereby certify that the information above is true and complete to the best of my knowledge.  **Thereby certify that the information above is true and complete to the best of my knowledge.  **Thereby certify that the information above is true and complete to the best of my knowledge.  **Thereby certification of the information above is true and complete to the best of my knowledge.  **Thereby certification of the information above its information abov	ige and belief. En	gineer	DATE 10/4/95 TELEPHONE NO.
TYPE OR PRINT NAME  (This space for State Use)  APPROVED BY  COUNTRINS OF APPROVAL IF ANY:	m.e		DATE OCT 1 0 1995