## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED

OME	3 No.	1004	-013	35
Expires:	Nove	mher	30	20

CYNINDY MOTIODS AND DEDODES ON SUBLIC			NIMANIA OGEOG		
SUNDRY NOTICES AND REPORTS ON WELLS			NMNM-03523 6. If Indian, Allottee or Tribe Name		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			Another of Tribe Name		
		- If Unit or 6	CA/Agreement, Name and/or No.		
	Other Instructions on reverse side		CATAGREEMENT, Name and/or 140.		
I. Type of Well		9 Wall Nam	a and No.		
Oil Well X Gas Well Other			8. Weil Name and No.		
2. Name of Operator		<del></del>	Federal 31-31		
LOUIS DREYFUS NATURAL GAS COR	P.	9. API Well I	No.		
3a. Address Suite 600 3b. Phone No. (include area code)		ea code) 30-0	45-24963		
4000 QUAIL SPGS PKWY, OKLA CITY, OK 73134 405-749-1300		10. Field and	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey	Description)	\0.7 m = 4 l	(t D.O.		
			Kutz, P.C. r Parish, State		
790' FNL & 1520' FEL (NW/4 NE/4) Sec	: 31-27N-11W	11. County o	i i arisii, state		
	. 01 2710 1100	San	Juan Co., NM		
12. CHECK APPROPRIATE BOX(E	S) TO INDICATE NATURE OF NOT	ICE, REPORT OR O	THER DATA		
TYPE OF SUBMISSION	TYPE OF	ACTION			
	F	Production (Start/Resume)			
	Itering Casing Fracture Treat	Reclamation	Well Integrity		
		Recomplete	Other		
		Temporarily Abandon			
		Water Disposal			
13 Describe Proposed or Completed Operation (clear		·			
following completion of the involved operations. It testing has been completed. Final Abandonmen determined that the site is ready for final inspection.  Well is in production status as of July 1985.	nt Notices shall be filed only after all requirements n.)  une 2000.	a, including reclamation, have a second seco			
14. I hereby certify that the foregoing is true and correct Name (PrintedTyped)					
Carla Christian		Title Regula	atory Technician		
Signature Cala Chust	ian	Date <b>Nove</b> n	nber 28, 2000		
THIS SPAC	CE FOR FEDERAL OR STATE (	OFFICE USE			
Approved by	-	Title	Date		
Conditions of approval, if any, are attached. Approcertify that the applicant holds legal or equitable which would entitle the applicant to conduct operat	title to those rights in the subject lease	Office			
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. S United States any false, fictitious or fraudulent stat	ection 1212, makes it a crime for any person tements or representations as to any matter	n knowingly and willfully twithin its jurisdiction.	o make to any department or agency of the		

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