| District Office   | State of New Mexico   |                                     | _                                       | Form C-103             |
|---|---|-------------------------------------|---|------------------------|
| DISTRICT I  | Energy, Minerals and Natural Resources                        |                                     |   | Revised March 25, 1999 |
| 1625 N. French Dr., Hobbs, NM 88240<br>DISTRICT II  |   |                                     | WELL API NO.<br>30-025-28393            |                        |
| 811 South First, Artesia NM 88210   | OIL CONSERVATION DIVISION                                     |                                     |   |                        |
| DISTRICT III 2040 South Pacheco   |   | 5. Indicate Type of Lease STATE FEI | Е 🗖                                     |                        |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, N   | IM 87505                            | 6. State Oil & Gas Lease                |                        |
| 2040 S. Pacheco, Santa Fe, NM 87505   |   |                                     | K-3657                                  | 110.                   |
| 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:   |                        |
| 1. Type of Well: Oil Well Gas Well  Other   |   |                                     | State of NM T                           |                        |
| 2. Name of Operator<br>Louis Dreyfus Natural Gas Corporation  |   |                                     | 8. Well No. 4                           |                        |
| 3. Address of Operator 14000 Quail Springs Parkway, Suite 600 Oklahoma City, OK 73134   |   |                                     | 9. Pool name or Wildcat Baum Upper Penn |                        |
| 4. Well Location  |   |                                     |   |                        |
| Unit letter P : 660   | feet from the South   | _line and fo                        | eet from the <u>East</u>                | line                   |
| Section 32  | Township 13S  | Range 33E                           | NMPM Lea C                              | County                 |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)  |   |                                     |   |                        |
|   | 4243'   |                                     |   |                        |
|   |   |                                     |   |                        |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |   |                                     |   |                        |
| NOTICE OF INTENTION TO: SUBSEC  |   |                                     | QUENT REPORT OF:                        |                        |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING |                                     | ☐ ALTERING C                            | CASING                 |
| TEMPORARILY ABANDON   | CHANGE PLANS  | COMMENCE DRILLING                   | OPNS.                                   | IENT 🗆                 |
| PULL OR ALTER CASING  | MULTIPLE COMPLETION   | CASING TEST AND CEM                 | ENT JOB                                 |                        |
| OTHER:  | П   | OTHER:                              |   | П                      |
| <ol> <li>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 recompilation.</li> </ol> |   |                                     |   |                        |
| Set CIBP @ 9,700'. Dump bail 35' of cement on top of plug. Spot 25 sks @ 4,100'. Spot 25 sks @ 400'. Circulate 10 sks at surface. Cap well, cut anchors off, clean location.  |   |                                     |   |                        |
|   | ,   |                                     |   |                        |
|   |   |                                     |   |                        |
|   |   |                                     |   |                        |
|   |   |                                     |   |                        |
|   |   |                                     |   |                        |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |                                     |   |                        |
| SIGNATURE Coula Chubtan TITLE Regulatory Technician DATE 10/2/  |   |                                     |   | TE 10/2/00             |
| Type or print name Carla Chris  | tian  |                                     | Telephone No.                           | (405) 749-5263         |
| (This space for State use)  |   |                                     |   |                        |

APPROVED BY Conditions of approval, if any: