Submit 3 Copies To Appropriate District Office		of New N			Form C-103
District I	Energy, Minera	als and Na	itural Resources	WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240				30-025-292	0 7
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION			5. Indicate Type	
District III	2040	2040 South Pacheco			FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa	Santa Fe, NM 87505			Gas Lease No.
2040 South Pacheco, Santa Fe, NM 87505	;			6. State Oil &	das Lease IVO.
SUNDRY NOT	TICES AND REPORTS	ON WEL	LS	7. Lease Name o	or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	OSALS TO DRILL OR TO D	EEPEN OR I	PLUG BACK TO A	McIntosh	-
Oil Well Gas Well	1. Type of Well: Oil Well X Gas Well Other				
2. Name of Operator					·
LOUIS DREYFUS NATURAL GAS CORP.				8. Well No.	
3. Address of Operator 14000 Quail Springs Parkway, Suite 600				9. Pool name or Wildcat	
Oklahoma City, OK 73134				Southeast	Scharb (Wolfcam
4. Well Location					
D.	((0)	M +1		1000	
Unit Letter B	660 feet from th	e Norti	n line and	1980 feet from	n the <u>East</u> line
Section 21			lange 35E	NMPM Lea	County
	10. Elevation (Show		OR, RKB. RT, GR. etc.)	
	3782.3 G				
	appropriate Box to I	ndicate N			
NOTICE OF IN		$ abla$		SEQUENT REF	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N L	REMEDIAL WORK		ALTERING CASING L
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS. 🗌	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND		ABANDONMENT
OTHER:			OTHER:		
12. Describe proposed or completed of starting any proposed work) or recompilation.					
Diagod up boggn dr	illing out plug	n 12/20)/00 Daamama	11 مط 11مید ات	L SOOT TO
Rigged up, began dri Set 5 1/2" 17# N-80 0.05% CFR-3, 0.02% F	and P-110 csg.	@ 11,5	00'. Cemente	ed well to 13 ed w/350 sx. eld 1.56. 13	C1. H +
•	,	-,	3 3		rro.
PBTD 11,344', TOC 93	320'.				
D: 1 1 1/5/00	*	1 1	. 11 10 50	0.111	. 1 1
Rig released 1/5/00.					
224 bbl. fiberglass	tank, heater a	nd sepa	irator. Waiti	ng on comple	etion.
I hereby certify that the information ab	ove is true and complet	e to the bes	st of my knowledge ar	nd belief.	
The At	5, 2, 2.		Regulatory Te	ahnician -	1/28/00
SIGNATURE / MUJUAL T	Xyant 1	TITLE	Regulatory re-		
Type or print name Torryo D D	rvant			(405 Telephon) 749-5287
Type or print name Terrye D. B	Lyant			retephon	
This space for State use)					")## ~
1 7 UTML (CHIRAL)	ed by				CICD OF ASSE

SIGNED BY

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