

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-34492

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Toro 21 State Com.

8. Well No.

1Y

9. Pool name or Wildcat

Wildcat Morrow

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 Parkway, #600, Oklahoma City, OK 73134

4. Well Location

Unit Letter H : 2310 Feet From The North Line and 735 Feet From The East Line

Section 21

Township 19S

Range 35E

NMPM

Lea

County

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

3752' GR

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: Plug-Back

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.

Work commenced 1/19/99. Set CIBP @ 13,750'. Tested csg. & CIBP to 3000 psi. Dump baled 40' of cement on plug, new PBTD 13,710'. Perf Lower Morrow f/12,638'-12,648' w/61 shots. Swabbed well. Perf Upper Morrow f/12,606'-12,598' and 12,542'-12,538' w/4 spf. Set 7" CIBP @ 12,628' over Lower Morrow perfs. Dump baled 5' of cement on CIBP. Swabbed well. Acidized Upper Morrow perfs w/3000 gal 10% acetic acid (25% methanol used to dilute), foamed w/7T CO2 & 75 ball sealers. Well shut in for evaluation on 2/4/99.

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

SIGNATURE

TITLE

Regulatory Technician

DATE 2/23/99

TYPE OR PRINT NAME

Terrye D. Bryant

TELEPHONE NO. (405) 749-5287

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

2A Wildcat Devonian CT 9/20/99