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., Aziec, NM 87410

TO SOME TO SOME THE S	
OIL CONSERVATION DIVISION	WELL API NO.
P.O. Box 2088	30-025-344
Santa Fe. New Mexico 87504-2088	

WELL API NO. 30-025-34492	
5. Indicate Type of Lease STATE	FEE X
6. State Oil & Gas Lease No.	

1000 1000 21000 1100, 1 1100 1100		
SUNDRY NOTICES AND REPORTS ON WE	ELLS ///////////////////////////////////	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE	N OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PI (FORM C-101) FOR SUCH PROPOSALS.)	EHMIT	
1. Type of Well:		
OIL GAS WELL X OTHER	Toro 21 State Com	
2. Name of Operator	8. Well No.	
Louis Dreyfus Natural Gas Corp.	1Y	
3. Address of Operator	9. Pool name or Wildcat	
14000 Quail Springs Parkway, #600, Oklahom	a City, OK 73134 Wildcat Devonian/Morrow	
4. Well Location		
Unit Letter H: 2310 Feet From The North	Line and 735 Feet From The East Line	
	į	
Section 21 Township 19S	Range 35E NMPM Lea County	
10. Elevation (Show whether	r DF, RKB, RT, GR, etc.)	
	Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SOBOLACINI NEI SIII SI	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. X PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB	
OTHER:	OTHER:	
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.		
- 444 1 00U 1 1 1 20U 1 1 1 4 A	/01 on 8/25/08 Piggod up well enud	
Drilled 26" hole, set 20" conductor pipe @	40 on 0/25/30. Kigged up, well spad	

TYPEOR PRINT NAME Terrye D. Bryant	те лерно ме no .405-749-528
I hereby certify that the inflormation above is true and complete to the best of my knowledge and belief. SKINATURE Regulatory Technician THUE Regulatory Technician	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	- / /

ORIGINA SIGNED IY

UCT 0 6 1998

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY-

8/27/98 @ 15:30 hrs. MST.

DATE -