

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
30-025-34638

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-5838

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

TORO "27" STATE

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

8. Well No.
1

2. Name of Operator
LOUIS DREYFUS NATURAL GAS CORP.

9. Pool name or Wildcat
Southeast Scharb (Wolfcamp)

3. Address of Operator
14000 Quail Springs Parkway, #600, Oklahoma City, OK 73134

4. Well Location
Unit Letter K : 1650 Feet From The South Line and 1650 Feet From The West Line

Section 27 Township 19S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3720' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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: Add additional Wolfcamp perfs ☒ 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.

Louis Dreyfus Natural Gas Corp. plans to add additional Wolfcamp perfs in the interval between 10,660' and 10,963' prior to turning this well to production as a Wolfcamp producer.

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

SIGNATURE Terrye D. Bryant TITLE Regulatory Technician DATE 11/30/99
TYPE OR PRINT NAME Terrye D. Bryant TELEPHONE NO (405) 749-5287

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____