

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

7. Lease Name or Unit Agreement Name

Toro "27" State Com.

8. Well No.
1

9. Pool name or Wildcat
Wildcat Morrow (96886)

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)

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

2. Name of Operator
LOUIS DREYFUS NATURAL GAS CORP.

3. Address of Operator 14000 Quail Springs Parkway, Suite 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
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.

Set 13 3/8" 54.5# ST&C casing 7/8/99. Casing set @ 619', cemented w/337 sx. 35:65 POZ;
Class C + 2% S1 + 0.25 PPS D29 + 6% D20. Density 12.4, yield 2.14 cuft/sx. Tailed w/
155 sx. C1. C + 2% S1 + 0.25 PPS D29. Circulated cement to surface.

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 7/12/99
TYPE OR PRINT NAME Terrye D. Bryant TELEPHONE NO. (405) 749-5287

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 21 1999