

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-025-34710
5. Indicate Type of Lease
STATE ☐ FEE ☒
6. State Oil & Gas Lease No.

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name: TORO 22 STATE COM.
2. Name of Operator LOUIS DREYFUS NATURAL GAS CORP.	8. Well No. 1
3. Address of Operator 14000 Quail Springs Parkway, Suite 600 Oklahoma City, OK 73134	9. Pool name or Wildcat Klein Ranch-Morrow (Gas)
4. Well Location	

Unit Letter E 2310 feet from the North line and 660 feet from the West line

Section 22 Township 19S Range 35E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3756' GR, 3777' KB
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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 ☐ MULTIPLE COMPLETION ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐ OTHER: Completion Attempt, Plugback ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Perforated Middle Morrow Sand 12,473'-479', 6 spf, total 37 holes. Swabbed well, shut-in for evaluation.

Well will be plugged back for test of Wolfcamp.

*5/6 hrs. 36 bbls fluid.
Rec 36 BW.*

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 2/2/00

Type or print name Terrye D. Bryant Telephone No. (405) 749-5287

(This space for State use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

Conditions of approval, if any:

