

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.

30-025-34710

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 ☐

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

8. Well No.

1

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 DF, RKB, RT, GR, etc.)

3756' 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.

Well spud 11/14/99. Drilled 17-1/2" hole to 623'. Set 13-3/8" 54.5# ST&C csg. @ 623' KB. Cemented w/305 sx. C POZ 35:65 + 6% gel + 2% CaCl2 + 1/4# celloflake, 12.5 ppg, 1.97 yield. Tailed w/200 sx. Cl. C + 2% CaCl2, 14.8 ppg, 1.35 yield. Circulated cement to surface.

Commenced drilling 12-1/4" hole 11/15/99.

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 11/15/99

TYPE OR PRINT NAME

Terrye D. Bryant

(405) 749-5287
TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE