

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.

30-025-34711

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.)

7. Lease Name or Unit Agreement Name

TORO 27

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

LOUIS DREYFUS NATURAL GAS CORP.

8. Well No.

2

3. Address of Operator

14000 Quail Springs Parkway, #600, Oklahoma City, OK 73134

9. Pool name or Wildcat

Wildcat (Wolfcamp)

4. Well Location

Unit Letter E : 1650 Feet From The North Line and 660 Feet From The West Line

Section 27 Township 19S Range 35E NMPM Lea County

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

3735' 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.

Drilled 7-7/8" hole to 11,285'. Set 5-1/2" 17# P-110 & N80 csg. @ 11,286' KB. Cemented w/925 sx. C1. H + 0.5% D-156 + 0.2% D-65 + 2% B-28 + 0.1% D-153 + 18% D-800; 15.6 density, 1.19 yield.

Rig released 11/12/99.

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) ORIGINAL SIGNED BY: CHRIS WILLIAMS  
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: