Submit 3 Copies To Appropriate District Office
DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
811 South First, Artesia NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 S. 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.
30-025-35094

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 "22"

1. Type of Well:
Oil Well ☒ Gas Well Other

2. Name of Operator
Louis Dreyfus Natural Gas Corporation

8. Well No. 2

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

9. Pool name or Wildcat Klein Ranch; ~~Southeast Schard~~ (Wolfcamp)

4. Well Location
Unit letter N : 390 feet from the South line and 1980 feet from the West line

Section 22 Township 19S Range 35E NMPM Lea County

10. Elevation *(Show whether DF, RKB, RT, GR, etc.)*
3740'

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 ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☒	
OTHER: ☐		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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

8-15-00 ran 5 1/2" 17# csg, set @ 11,200'. Cemented w/550 sks TXI lightweight. Float held, plug down at 10:00 a.m.
TOC @ 8,200. Rig released. Waiting on completion unit.

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

SIGNATURE Carla Christian TITLE Regulatory Technician DATE 8/21/00

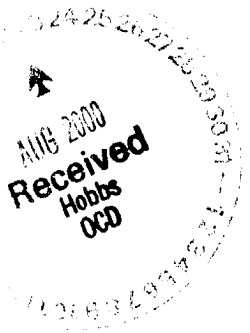
Type or print name Carla Christian Telephone No. (405) 749-5263

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

5
C


AUG 2000
Received
Hobbs
OCD