Submit 3 Copies To Appropriate State of New Mexico Form C-103 District Office Revised March 25, 1999 Energy, Minerals and Natural Resources DISTRICT I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 DISTRICT II 30-025-35094 OIL CONSERVATION DIVISION 811 South First, Artesia NM 88210 Indicate Type of Lease 2040 South Pacheco **DISTRICT III** STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 S. Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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) Type of Well: Toro "22" Oil Well Gas Well Other Name of Operator 8. Well No. 2 Louis Dreyfus Natural Gas Corporation 3. Address of Operator 14000 Quail Springs Parkway, Suite 600 9. Pool name or Wildcat \* Oklahoma City, OK 73134 Southeast Scharb (Wolfcamp) 4. Well Location Unit letter N: 390 feet from the South line and 1980 feet from the West Section 22 Township 19S Range 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** CASING TEST AND CEMENT JOB **COMPLETION** 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. 8-3-00 ran 8 5/8" 32# csg, set @ 5196'. Cemented lead w/1620 sks 35/65 Poz/C, tail w/220 sks "C" + 2% S1. Bumped plug, float held. TOC @ surface. 18 hrs wait on cement, then commenced drilling. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Regulatory Technician DATE 8/4/00 Type or print name Carla Christian Telephone No. (405) 749-5263 OPION (This space for State use)

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TITLE

AUG 11 2000

DATE

APPROVED BY

Conditions of approval, if any:

A evelved