Submit 3 Copies to Appropriate State of New Mexico Form C-103 District Office Energy, Minerals and Natural Resources Revised March 25, 1999 DISTRICT I WELL API NO. 1625 n. French Dr., Hobbs, NM 88240 DISTRICT II OIL CONSERVATION DIVISION 30-025-35253 811 South First, Artesia, NM 88210 Indicate Type of Lease 2040 South Pacheco DISTRICT III STATE FEE X 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 State Oil & Gas Lease No. DISTRICT IV 2040 S. Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Lease Name or Unit Agreement Name: DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) Toro "22" Type of Well: Oil Well Gas Well Other 2. Name of Operator Well No. Louis Dreyfus Natural Gas Corp. 3 Address of Operator Pool name or Wildcat 14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134 Klein Ranch; Wolfcamp Well Location Unit letter :2130' feet from the South line and 1650' feet from the West line. Section 22 Township **19S** Range 35E **NMPM** Lea County 10. Elevation (Show whether DR, RKB, RT, Gr, etc.) 3745 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: Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propropsed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 12-13-00 ran 123 jts 8 5/8' csg set at 4989', cemented lead w/1500 sks Interfill "C", tailed w/300 sks Premium Plus + 2% CACL. Plug down @ 05:00 hrs, float held, circulated 150 sks to pit. WOC 18 hrs., comenced 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 12/19/00 Type or print name Carla Christian 405-749-5263 Telephone No. (This space for State use) JISTMICT I SUPERVISOR APPROVED BY Conditions of approval, if any: