Submit 3 Copies to Appropriate State of New Mexico Form C-103 District Office Energy, Minerals and Natural Resources Revised March 25, 1999 DISTRICT WELL API NO. 1625 n. French Dr., Hobbs, NM 88240 DISTRICT II OIL CONSERVATION DIVISION 30-025-35769 811 South First, Artesia, NM 88210 Incicate Type of Lease 2040 South Pacheco DISTRICT III STATE X Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 State Oil & Gas Lease No. DISTRICT IV 2040 S. Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS Lease Name or Unit Agreement Name: (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) Electrolux 21 State Com Type of Well: Oil Well Gas Well Other Name of Operator Well No. Louis Drevfus Natural Gas Corp. 1 Address of Operator 9. Pool name or Wildcat 14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134 North Vacuum Atoka Morrow Well Location 1200' Unit letter feet from the North line and 2500' feet from the West line. Section Township **17S** 35E Range **NMPM** Lea County 10. Elevation (Show whether DR, RKB, RT, Gr, etc.) 3953 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: Set Pumping Unit. 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. 4-17-02 set pumping unit, Mark 640 Lufkin pumping unit, SN K13891V.

TITLE Regulatory Specialist

TITLE

05/09/02

405-749-5263

Telephone No.

ORIGINAL SIGNED BY

PAUL F. KAUTZ

PETROLEUM ENGINEER

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

Carla Christian



**SIGNATURE** 

Type or print name

APPROVED BY

(This space for State use)

Conditions of approval, if any: