

State of New Mexico  
Energy, Minerals and Natural Resources

## OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.

30-025-35788

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name:

Toro 21

8. Well No.

2

9. Pool name or Wildcat

Scharb; Wolfcamp, SE

## 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)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

Louis Dreyfus Natural Gas Corp.

3. Address of Operator

14000 Quail Springs Parkway - Suite 600 - Oklahoma City, OK 73134

4. Well Location

Unit letter J 2310' feet from the South line and 2310' feet from the East line.Section 21 Township 19S Range 35E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, Gr, etc.)

3758'

## 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 ☐MULTIPLE  
COMPLETION ☐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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud well 12-26-01.

12/27/01 ran 13 3/8", 48#, H-40 csg., set @ 606'. Cemented lead w/310 sx 35/65 Poz, tailed w/180 sx Class C.  
Bumped plug, floats held, circulated 130 sx to reserve pit. WOC 22 hrs. commenced drilling.

1/05/02 ran 8 5/8", 32#, M-80 & J-55 csg., set @ 5,218'. Cemented lead w/2000 sx 35/65 Poz, Class C., tailed w/220  
sx Class C. Bumped plug, floats held, circulated 381 sks to reserve pit. WOC. Commenced drilling 40 hrs. later.

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

01/08/02

Type or print name

Carla Christian

Telephone No.

405-749-5263

(This space for State use)

APPROVED BY

TITLE

Conditions of approval, if any:

JAN 15 2002