

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION

P.O. BOX 1980

MORRIS NEW MEXICO 88501

FORM APPROVED
Bureau of Land Management, 1004-0135

Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Louis Dreyfus Natural Gas, Corp.

3. Address and Telephone No. 14000 Quail Springs Pkwy., Suite 600

Oklahoma City, OK 73134

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

J, Sec 13, T-20S, R-33E
2395' FSL & 2065' FEL

5. Lease Designation and Serial No.

LC-065447

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Sharp Nose Fed #1

9. API Well No.

30-025-31397

10. Field and Pool, or Exploratory Area

Teas Bone Springs

11. County or Parish, State

Lea NM

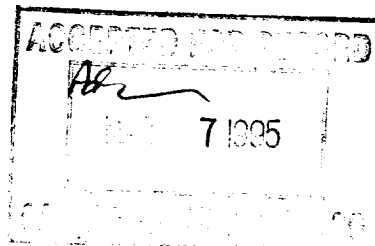
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other H2S Report	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In compliance with Onshore Order No 6
This well produces no Hydrogen Sulfide



14. I hereby certify that the foregoing is true and correct.

Signed

[Signature]

Title

Environmental & Safety Director

Date

2-2-95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: