Submit 3 Copies To Appropriate District Office	Built of New Mexico		Form C-103
District I	Energy, Minerals and Natu	iral Resources	Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District II			30-007-20161
811 South First, Artesia, NM 87210	South First, Artesia, NM 87210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease
District III 1220 S St Francis 000 Rio Brazos Rd., Aztec, NM 87410		STATE 🗆 FEE 🔳	
District IV Santa Fe, NM 87505 1220 S St Francis, Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. 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			VDD D
PROPOSALS.) 1. Type of Well:			VPR B
Oil Well Gas Well	Other X Water Dis	posal	
2. Name of Operator		8. Well No.	
EL PASO ENERGY RATON, L.L.C.			27
3. Address of Operator PO BOX 190, RATON, NM 87740			9. Pool name or Wildcat Stubblefield Canyon - Vermejo Gas
4. Well Location			
Unit Letter A: 717 feet from the North line and 801 feet from the East line			
Section 36 Towns	ship 30N Range 18E	NMPM	Colfax County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8070' (GL)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SÉQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			K ALTERING CASING
TEMPORARILY ABANDON		LLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	
OTHER:	П	OTHER:	Mechanical Integrity Test
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 well bore diagram of proposed completion or recompilation.			
05/19/04 Performed MIT on	tubing/casing annulus.		
Ran chart recorder. (Chart attached.) Held 500 psi for 30 minutes. Pressure test OK.			
Witnessed by Bryan Olmstead; Sierra, and Roy Johnson; NMOCD.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Data DATE 05/20/04			
Type or print name Donald R. Lankford Telephone No. (505) 445-6721			
(This space for State use)			
APPPROVED BY 5/27/04			
Expires May, 2009			