Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103	
Office	Energy, Minerals and Natural Resources		Revised March 25, 1999	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 87240	Enorgy, Williams and Natural Nessauces		WELL API NO.	
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		30-007-20393	
District III	1220 South St Francis		5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec. NM 87410 District IV	Santa Fe, NM 87	505	6. State Oil & G	
1220 South St Francis, Santa Fe, NM 87505			o. State on a c	40 20400 110.
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.)			7. Lease Name or Unit Agreement Name: VPR D	
Type of Well: Oil Well				
2. Name of Operator EL PASO ENERGY RATON, L.L.C.			8. Well No. 1	08
3. Address of Operator			9. Pool name or V	Vildcat
P.O. BOX 190 RATON, NM 87740 4. Well Location				
4. Well Education				
Unit Letter O: 1309 feet from the South line and 1419 feet from the East line				
Section 11 Township 30N Range 17E NMPM COLFAX County				
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8277' (GR)				
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 DRI		
	MULTIPLE COMPLETION	CASING TEST AT CEMENT JOB		
OTHER:		OTHER:	C	OMPLETION
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 recompilation.				
04/04/03 HES ran Cement Bond Log. TOC at surface. 07/24/03 HES perf d 1st stage: HES frac'd 1st stage: HES perf'd 2nd stage: HES perf'd 2nd stage: HES perf'd 3nd stage: HES frac'd 3nd stage: HES frac'd 4nd stage: HES frac'd 4nd stage: HES perf'd 4nd stage: HES perf'd 4nd stage: HES frac'd 2nd stage: HES fra				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Nutropell TITLE Senior Specialist DATE 08/14/03				
Type or print name: Shirley/A. Mitchell Telephone No.: (505) 445-6785				
(This space for State use)				
APPPROVED BY FITLE DISTRICT SUPERVISOR DATE 8/27/03				
Conditions of approval, if any:				
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