District Office	otate of them into	AICO graga		■ 3. B.ONIT C-102
District Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 87240 Energy, N	Minerals and Natu	ıral Resourc		R vised March 25, 1999
District II OII CO	NSERVATION	DIVISION		7-20174
off Soudi filst, Artesia, 1414 67210			5. Іппра тертері	Lease
00 Dio Progos Pd. Agtes, NIM 97410		STATE C	J FEE AL	
istrict IV Santa Fe, NM 87505		Oil Causervation	Division No.	
220 South St Francis, Santa Fe, NM		1220 S. Saint Fran	cis Drive	
87505 SUNDRY NOTICES AND REPORTS ON WELLS				Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. *Lease Name of	Offit Agreement Name.
DIFFERENT RESERVOIR. USE "APPLICATION FOR PER!			VPR	n
PROPOSALS.)			VII.	
1. Type of Well:				
Oil Well Gas Well Other Coalbed Methane			0 111 11 21	
2. Name of Operator			8. Well No.	4
EL PASO ENERGY RATON, L.L.C.			0 0 1	17'1 t
3. Address of Operator			9. Pool name or V	Vildeat
P.O. Box 190, Raton, N	IVI 8//4U			
4. Well Location				
Unit <u>C</u> : 1306 feet from	the North line	o and 1524	fact from the	Vest line
Omt <u>C</u> . 1300 leet from	me <u>1101tii</u> iiile	1524	feet from the	west line
Section 7 Township 30N	Range 18	E NMPM	Colfax County	
	n (Show whether D			
in the second se	8387'		<i>c.)</i>	
11. Check Appropriate Bo			Papart or Other	Doto
		•	-	
			SEQUENT REI	
PERFORM REMEDIAL WORK 🔲 PLUG AND A	BANDON L	REMEDIAL WOR	RK □	ALTERING CASING
TEMPORARILY ARANDON	ans 🗆	COMMENCE DD	HILING ODNE	DLUC AND
TEMPORARILY ABANDON 🔲 CHANGE PLA	ANS L	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE		CASING TEST A	ND []	ADAINDONWENT
COMPLETION	N	CEMENT JOB		
OTHER:		OTHER:	ReFrac Com	pleted
 12. Describe proposed or completed operations date of starting any proposed work). SEE RUI completion or recompletion. 				
02/04/04 Re-perforate upper Vermei				
Re-stimulate with 696 mcf				nd, ISIP 1,341 psi.
02/07/04 Run production equipment.	Ready to be pl	laced back on p	roduction.	
			•	
I hereby certify that the information above is true a	nd complete to the	best of my knowled	ige and belief.	
Clip to the		·	-	
SIGNATURE Shirly Miliale	TITLE	Senior Specialist	DATE 02/10	5/04
Type or print name Shirley A. Mitchell	Telepho	ne No. (505) 445-6	6785	
(This space for State use)	<u></u> _			
7/91/				/ /
	a ·	NETDICT CL	IDEDIACAS	/ / /
APPPROVED BY & Children	- TITLE	DISTRIC <u>I</u> <u>S</u> I	JPERVISOR	DATE 2/25/04
	TITLE L	DISTRICT SI	JPERVISOR .	DATE 2/25/04
Conditions of approval, if any:	TITLE L	DISTRICT SI	JPERVISOR .	DATE 2/25/04
	TITLE L	distric <u>t și</u>	JPERVISOR	DATE 2/25/04