

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 811 South First, Artesia, NM 87210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 1220 South St Frances
 Santa Fe, NM 87505

WELL API NO. 30-007-20371
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: VPR F C
8. Well No. 11 97
9. Pool name or Wildcat Stubblefield Canyon Raton-Vermejo Gas

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
EL PASO ENERGY RATON, LLC

3. Address of Operator
PO BOX 190, RATON, NM 87740

4. Well Location
 Unit Letter **B** : **1225.2** feet from the **North** line and **1994.5** feet from the **East** line
 Section **30** Township **32N** Range **21E** NMPM **Colfax** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
7635' (GL)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Well Name and Number Change <input checked="" type="checkbox"/>	

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.

Request to change the APD Well Name/Number **VPR F 11** to **VPR C 97**.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *DR Lankford* TITLE Engineer DATE 08/23/02
 Donald R. Lankford Telephone No. (505) 445-6721

Type or print name (This space for State use)
 APPROVED BY *Ry E. Johnson* TITLE **DISTRICT SUPERVISOR** DATE 8/27/02
 Conditions of approval, if any: