District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources		WELL API NO.	
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION			7-20289
District III	1220 South St Francis		5. Indicate Type of	l
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE C 6. State Oil & G	- 122
1220 South St Francis, Santa Fe, NM 87505			o. State Off & O	as 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				
PROPOSALS.)		VPR	D	
1. Type of Well:				
Oil Well Gas Well  2. Name of Operator	Other Coalbed Methane		9 317-11 37-	17
EL PASO ENERGY RATON, L.L.C.		8. Well No.	37	
3. Address of Operator		9. Pool name or V	Vildcat	
P.O. Box 190, Raton, NM 87740 4. Well Location				
4. Well Location				
Unit <u>F</u> : <u>25</u>	98 feet from the North line	and <u>1364</u>	feet from the <u>W</u>	<u>/est</u> line
Section 30 To	ownship 31N Range 18E	NMPM	Colfax County	
	10. Elevation (Show whether DI		)	
8400' GL				
	Appropriate Box to Indicate Na			
	NTENTION TO:		SEQUENT REI	
PERFORM REMEDIAL WORK	J PLUG AND ABANDON L.J	REMEDIAL WORK	( []	ALTERING CASING
TEMPORARILY ABANDON		ILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	OR ALTER CASING			NOMINDONNETT
	COMPLETION	CEMENT JOB		
OTHER:		OTHER:	ReFrac Com	pleted
12. 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 recompletion.				
02/03/04 Re-perforate upper Vermejo interval 1,282'- 1,289' 4 spf 28 Holes (7' Coal).				
Re-stimulate with 369 mcf 70Q N2 Foam and 58,500 lbs 20/40 Ottawa sand, ISIP 1,060 psi.				
02/04/04 Run production equipment. Ready to be placed back on production.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Shurley Mitchell TITLE Senior Specialist DATE 02/16/04				
Type or print name Shirley A Mitchell Telephone No. (505) 445-6785				
(This space for State use)				
APPPROVED BY THE DISTRICT SUPERVISOR DATE 2/25/04				
Conditions of approval, if any:				
Committee of approved, it with				