| Office | State of New Mexico | | | | Form C-103 |
|---|--|----------------------|--------------------------------|--|------------------------|
| District 1 1625 N. French Dr., Hobbs, NM 87240 | Energy, Minerals and Natural Resources | | | WELL ADIMO | Revised March 25, 1999 |
| District II | OM CONTORNAL PROGRAMME | | | WELL API NO. | 30-00/-20084 |
| 811 South First, Artesia, NM 87210 | OIL CONSERVATION DIVISION | | | 5. Indicate Type | of Lease |
| <u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410 | 2040 South Pacheco | | | STATE (| |
| District IV | Santa Fe, NM 87505 | | | | Gas Lease No. |
| 2040 South Pacheco, Santa Fe, NM 87505 | | | | | Sus Beuse 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.) 1. Type of Well: | | | | 7. Lease Name or Unit Agreement Name: VPR B | |
| Oil Well Gas Well Other | | | | | ~ |
| 2. Name of Operator | | | | 9 Wall No. 1 | 10 |
| EL PASO ENERGY RATON, LLC | | | | 8. Well No. 1 | 10 |
| 3. Address of Operator P.O. BOX 190; RATON, NM 87740 | | | | 9. Pool name or Wildcat | |
| 4. Well Location | | | | | |
| Unit Letter_K_ : Section 32 Townshi | | 19E | NMPM CC R, RKB, RT, GR, etc | FAX Cour | |
| 11 Check Apr | propriate Box to Inc | | | Panart or Other | Data |
| NOTICE OF INTE | ENTION TO: | | | SEQUENT RE | |
| | CHANGE PLANS | | COMMENCE DRIE | _ | PLUG AND |
| | MULTIPLE COMPLETION | | CASING TEST AND CEMENT JOB | | ABANDONMENT |
| OTHER: | | | | | = |
| 12. | - | | | | |
| For the referenced well, the operat | tor has changed: | | | | |
| From: Sonat Raton, L.L.C. | To: | El Paso | Energy Raton, I | "L.C. | |
| P.O. Box 190 | s.E.c. | | | | |
| Raton, New Mexico 8 | 87740 | Raton, | New Mexico 877 | 40 | |
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| | | | | | |
| I hereby certify that the information ab | ove is true and comple | te to the b | est of my knowledg | e and belief. | |
| SIGNATURE DR Lake | TITLE | SR. PE | TROLEUM ENGIN | EERDATE_ | 07/23/00 |
| Type or print name: DON LANKFORI | D Telephone No : (505 | 5) 445-461 |) [| | |
| (This space for State use) | (303 | , , 175- 7 0. | | | |
| / X 50 () | | 320. 1 | | | . / / |
| APPPROVED BY Conditions of approval, if any: | Mun | TITLE D | STRICT SU | PERVISOR | DATE 8/7/00 |