Submit 3 Copies To Appropriate District Office	State of 1				Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources			WELL ADING	Revised March 25, 1999  O. 30-007-20085
<u>District II</u>	OIL CONSEDA	ATION	DIVICION	WELL AFTING	J. 30-007-20085
811 South First, Artesia, NM 87210 District III	OIL CONSERVATION DIVISION 2040 South Pacheco			5. Indicate Ty	pe of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe. NM 87505			STATE	77.4
2040 South Pacheco, Santa Fe, NM 87505				6. State Oil &	& Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name	e 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					L/DD D
PROPOSALS.) 1. Type of Well:					VPR B
Oil Well Gas Well Other					•••
2. Name of Operator				8. Well No.	14
EL PASO ENERGY RATON, LLC  3. Address of Operator				9. Pool name o	on Wildoot
P.O. BOX 190; RATON, NM 87740				9. Pool name (	or wildcat
4. Well Location					
Unit LetterG:	_2193'feet from the _	_NORTH	I line and	_1633'feet fro	m theEASTline
Section 31 Townsh	ip 30N Range	19E	NMPM С	OFAX C	ounty
Section 31 Township 30N Range 19E NMPM COFAX County  10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
7692' (GR)					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK			SUE REMEDIAL WOR		REPORT OF:  ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS .		COMMENCE DF	RILLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB		
				GE OF OPERATO	OR 🔳
12.					
For the referenced well, the operator has changed:					
From: Sonat Raton, L.L.C.  To: El Paso Energy Raton, L.L.C.					
P.O. Box 190 P.O. Box 190					
Raton, New Mexico 87740 Raton, New Mexico 87740					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE					
Type or print name: DON LANKFORD Telephone No.: (505) 445-4621					
(This space for State use)					
APPPROVED BY Kg Sprum TITLE DISTRICT SUPERVISOR DATE 8/7/00					
Conditions of approval, if any:					