Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103		
Office District I	Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO. 30-007-20088		
1625 N. French Dr., Hobbs, NM 87240				WELL API	NO. 30-007-20088	
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION			5 Indicate True of Logo		
District III	2040 South Pacheco			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	0 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE FEE 6. State Oil & Gas Lease No.		
District IV 2040 South Pacheco, Santa Fe. NM 87505				6. State O	и & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				7 Lease N	ame or Unit Agreement 1	Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				,, Eduse 14	 0	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH					VPR B	
PROPOSALS.)						
1. Type of Well: Oil Well □ Gas Well ■ Other						
2. Name of Operator				8. Well No	. 13	
	ONAT RATON, LLC					
3. Address of Operator			9. Pool name or Wildcat			
P.O. BOX 190; RATON, NM 87740				<u> </u>		
4. Well Location						
	2570) fact from the	NODTL	I line and	320' feet fi	rom the WEST lin	٩
Unit Letter_E:	2570'feet from the _	_NORTE		.320leet 11	.om theweb1m	
Section 31 Town	nship 30N Range	19E	NMPM C	OFAX	County	
Section 31 10m	10. Elevation (Show w				,	
		7780'	(GR)			
11. Check	Appropriate Box to Inc	dicate N	ature of Notice,	Report or C	Other Data	
NOTICE OF INTENTION TO: SUBS					T REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	₹K	☐ ALTERING CAS	ING 🗆
			0014451105 05			
TEMPORARILY ABANDON L	CHANGE PLANS		COMMENCE DR	RILLING OPNS	S. PLUG AND ABANDONMEN	т □
PULL OR ALTER CASING	MULTIPLE		CASING TEST A	AND		•
FOLE ON AETEN ONOMO	COMPLETION		CEMENT JOB			
			OTHER: WELL	NAME CHAN	ICE	
OTHER:		\Box	OTHER. WELL	NAME CHAN		
12.						
The well's name has been change	d to VDD "D" #13 from \	Ian Brom	mer Canvon 3019) Well numbe	er 312-E. and/or Van Br	emmer
	110 VFK D #15 HOIR V	an Dicin	mer Canyon 5017	, wen numbe	A DIE E and of Van Di	
В.						
I hereby certify that the information	on above is true and compl	lete to the	best of my knowle	edge and belief	f.	
SIGNATURE _ DR Lanch				INEER	DATE12/20/99	
Type or print name: DON LANK	FORD Telephone No.: (50	05) 445-4	621			
(This space for State use)	a , ()					, ,
(K.)	To later and	mimi n 1	DICTRICT O	. 1 1 100 100 100 2 2 4 4	DATE 12/	27/99
APPPROVED BY Conditions of approval, if any:	-prim-	_THTLE_	DISTRICT S	UPERVIS	OX DATE 10/	<u>'', '</u>