Submit 3 Copies To Appropriate District	State	of Now	V4*	
Office District I	Enough M.	of New 1	Viexico	Form C-103
1625 N. French Dr., Hobbs, NM 87240	Energy, Miner	als and N	atural Resources	Revised March 25, 1990
District II				WELL API NO. 30-007-20095
811 South First, Artesia, NM 87210	OIL CONSE	RVATIO	ON DIVISION	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	20.40 C			5. Indicate Type of Lease
District IV	Santa Fe, NM 87410 Santa Fe, NM 87505			STATE FEE
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
				on to Sus Bease 140.
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				- same of Olit Agreement Name:
1 1 1 1 2 3 .)				VPR D
1. Type of Well:				VIKD
Oil Well Gas Well	Other			
2. Name of Operator				
SONAT RATON, LLC				8. Well No. 18
3. Address of Operator				0 P1
P.O. BOX 190; RATON, NM 87740				9. Pool name or Wildcat
4. Well Location				
Unit Letter_M_	:747'feet from the	e SOUT	H line and O	90'feet from theWESTline
			mic and9;	leet from theWESTline
Section 31 Town	nship 31N Rang	e 18E	NMPM CC	DFAX County
	10. Elevation (Show	whether I	DR, RKB, RT, GR, etc.	County
	##	8568	' (GD)	
11. Check A	Appropriate Box to I	ndicate N	Nature of Notice 1	Report or Other Data
1101101101111			SLID	SCOULAR DEBORD -
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N [REMEDIAL WORK	SEQUENT REPORT OF:
			VENIEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE ORIL	LINC ODNO
PULL OR ALTER CASING	A 4 1 41 - 1 - 1		John Live Side	LLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING L	MULTIPLE		CASING TEST AN	ID ABANDONMENT
	COMPLETION		CEMENT JOB	
OTHER:			OTHER MELL M	A
12.			OTHER: WELL N	AME CHANGE
The well's name has been changed	to VDD "D" #10 C	~		
The well's name has been changed	to VFR "D" #18 from	Castle Ro	ck 3118, Well numbe	er 311-M and/or Castle Rock O.
				The state of
Thereby certify that the information	ahaan ta aa	_		
I hereby certify that the information	above is true and compl	lete to the	pest of my knowledge	e and belief.
SIGNATURE DR Lange	TITLE	on n=		
SIGNATURE DR Lanch		SR. PE	TROLEUM ENGINE	EERDATE 12/20/99
Type or print name: DON LANKFO	RD Telephone No : (5)	15) 445 46	21	
Units space for State use	_			
) an				
APPPROVED BY K. Ma	Klein	THE	MCTDIAT	
Conditions of approval if any	///	_HTLE	MAIKILI SU	PERVISOR DATE 12/27/98
approval, it ally.				
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