Office		of New N			Form (102
<u>District I</u>	Energy, Mineral	ls and Na	tural Resources		Revised March 2	
1625 N. French Dr., Hobbs, NM 8724() District H				WELL API NO	. 30-007-20095), 1999
811 South First, Artesia, NM 87210	OIL CONSER	VATIO	N DIVISION		20072	
District III			5. Indicate Typ	e of Lease		
District IV	110 110 110 110 110 110 110 110 110 110			STATE 🔲 FEE		
2040 South Pacheco, Santa Fe, NM 87505				6. State Oil &	Gas Lease No.	
SUNDRY NOTIC	ES AND REPORTS (ON WELL	<u> </u>	 		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or Unit Agreement Name:		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				Vnn n		
1. Type of Well:				VPR D		
Oil Well Gas Well	Other				~	
2. Name of Operator				8. Well No.	18	
3. Address of Operator				o. Well No. 10		
				9. Pool name or	Wildcat	
P.O. BOX 190; RATON, NM 87740						
Unit Letter_M:	_747'feet from the	SOUTH	I line and 9	90' feet from the	o Weet 1	
· ·			e und /	reet nom the	ewesiine	
	ip 31N Range	18E	NMPM CC	DLFAX Co	unty	
	10: Elevation (Show)	whether D	R, RKB, RT, GR, etc	2.)		
11 Check An	proprieto Por to In	8568	(GR)			
NOTICE OF INT	propriate Box to In	idicate N	ature of Notice.	Report or Other	Data	
PERFORM REMEDIAL WORK	ENTION TO: PLUG AND ARANDON		SUB	SEQUENT RE	PORT OF:	
	EGG VIAD VDVIDOL	٧ لــا	REMEDIAL WOR	K 🗀	ALTERING CASIN	G □
TEMPORARILY ABANDON 🔲 (CHANGE PLANS		COMMENCE DRII	LLING OPNS	PLUG AND	
PULL OR ALTER CASING .	MULTIPLE	<u></u>	ł		ABANDONMENT	
	COMPLETION		CASING TEST AN	1D		
			CEMENT JOB			
OTHER:			OTHER: CHANG	SE OF OPERATOR	1	
For the referenced well, the operator h	as changed:					
From: Sonat Raton, L.L.C	To:	Et Daga	Paris Div.	_		
P.O. Box 190 From: Sonat Raton, L.L.C. P.O. Box 190 To: El Paso Energy Raton, L. P.O. Box 190				C.		
Raton, New Mexico 87740 Raton, New Mexico 87740						
			rew brexied 67/40			
I hereby certify that the information ab	ove is true and comple	te to the b	est of my knowledge	e and ballaf		
SIGNATURE System Su	Raid TITLE	SR. PET	TROLEUM ENGIN	EER_ DATE	07/23/00	
Type or print name: DON LANKFORI						-
(This space for State use)	> Telephone No.: (505) 445-46 <u>2</u>	<u> </u>			
	//	3~ .	A off the second of			
APPPROVED BY 7	du -	TITLE D	ISTRICT SU	PERVISON	DATE 0/2/2	./\
Conditions of approval, if any:					DATE 8/1/0	
<i>V</i>						