| Submit 3 Copies To Appropriate of Office  | State of flow filemen  |                                      |               |                 | Form C-103                              |                   |  |
|---|--|--------------------------------------|---------------|-----------------|---|-------------------|--|
| District I -  |  |                                      |               |                 | Revised March 25, 1999 WELL API NO.     |                   |  |
| District II   | 1625 N. French Dr., Hobbs, NM 87240  |                                      |               |                 |   | 30-007-20102      |  |
| 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION  |  |                                      |               |                 | 5. Indicate Type of Lease               |                   |  |
| District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410  |  |                                      |               |                 | STATE FEE                               |                   |  |
| District IV Santa Fe, NM 87303  |  |                                      |               |                 | 6. State Oil & Gas Lease No.            |                   |  |
| 2040 South Pacheco, Santa Fe, NM 87505  |  |                                      |               |                 |   |                   |  |
| 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 |  |                                      |               |                 | V/DD (A)                                |                   |  |
| PROPOSALS.)   |  |                                      |               |                 | VI                                      | PR 'A'            |  |
| 1. Type of Well:  |  |                                      |               |                 |   |                   |  |
| Oil Well Gas Well Other COALBED METHANE   |  |                                      |               |                 | 0 111 11 2                              | 4                 |  |
| 2. Name of Operator EL PASO ENERGY RATON, LLC   |  |                                      |               |                 | 8. Well No. 2                           | 4                 |  |
| 3. Address of Operator  |  |                                      |               |                 | 9. Pool name or                         | Wildcat           |  |
| P.O. BOX 190; RATON, NM 87740   |  |                                      |               |                 | Stubblefield Canyon Raton – Vermejo Gas |                   |  |
| 4. Well Location  |  |                                      |               |                 |   |                   |  |
| Unit Letter I : 1920' feet from the SOUTH line and 330' feet from the EAST line   |  |                                      |               |                 |   |                   |  |
| Unit Letter [   | :  | $1920'$ teet from the $\underline{}$ | _SOUTH_       | line and3       | 30'reet from the                        | EASTline          |  |
| Section 29  | Towns  | hip 32N Range                        | 20E           | NMPM C          | OFAX Coun                               | ty                |  |
| Section 29 Township 32N Range 20E NMPM COFAX County  10. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  |                                      |               |                 |   |                   |  |
| 8058' (GR)  |  |                                      |               |                 |   |                   |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |  |                                      |               |                 |   |                   |  |
|   |  | TENTION TO:                          |               |                 | SEQUENT <u>R</u> EF                     |                   |  |
| PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOR   |  |                                      |               |                 | RK <b>III</b>                           | ALTERING CASING   |  |
| TEMPORARILY ABANDON   |  |                                      |               |                 | RILLING OPNS. PLUG AND ABANDONMENT      |                   |  |
| PULL OR ALTER CASING  | MULTIPLE<br>COMPLETION   |                                      | CASING TEST A | CASING TEST AND |   |                   |  |
|   |  |                                      |               |                 | RATE ADDITIONAL                         | ZONES & STIMULATE |  |
| 12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date             |  |                                      |               |                 |   |                   |  |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.            |  |                                      |               |                 |   |                   |  |
| 5/12/00 Pull rods & tubing. Perforate: 2028' – 2034' & 2019' – 2026'. All 4 spf.  |  |                                      |               |                 |   |                   |  |
| Stimula   | Stimulate: 30000# 20/40 & 100000# 12/20 Sand with 370000 scf N2 70 Quality foam. |                                      |               |                 |   |                   |  |
| 5/13/00 Perforate: 1757' – 1761' & 1743' – 1747'. All 4spf.   |  |                                      |               |                 |   |                   |  |
| Stimulate: 20000# 20/40 & 50000# 12/20 Sand with 235000 scf N2 70 Quality foam.   |  |                                      |               |                 |   |                   |  |
| 5/15-19/00 Clean out to 2310'. Ran After Frac Log (Patterson). Ran tubing & rods. Return well to production.  |  |                                      |               |                 |   |                   |  |
|   |  |                                      |               |                 |   |                   |  |
|   |  |                                      |               |                 |   |                   |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                                      |               |                 |   |                   |  |
|   |  |                                      |               |                 |   |                   |  |
| SIGNATURE COLUMN TITLE WELL SITE SUPERVISOR DATE 9/16/00  |  |                                      |               |                 |   |                   |  |
| Type or print name: JOEL L. PETTIT Telephone No.: (505) 445-4620  |  |                                      |               |                 |   |                   |  |
| (This space for State use)  |  |                                      |               |                 |   |                   |  |
| APPPROVED BY ( TITLE DISTRICT SUPERVISED DATE 9/25/00   |  |                                      |               |                 |   |                   |  |
| Conditions of approval, i   | arty: //   | TO V                                 |               |                 |   |                   |  |
| Conditions of approval, i   |  |                                      |               |                 |   |                   |  |