

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

SUNDRY NOTICES AND REPORTS ON WELLS (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 PROPOSALS.)		WELL API NO. 30-007-20107
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator SONAT RATON, LLC		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 190; RATON, NM 87740		7. Lease Name or Unit Agreement Name: VPR D
4. Well Location Unit Letter F : 1713' feet from the NORTH line and 1753' feet from the WEST line Section 32 Township 31N Range 18E NMPM COFAX County		8. Well No. 24
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8684' (GR)		9. Pool name or Wildcat
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: WELL NAME CHANGE <input checked="" type="checkbox"/>

12.

The well's name has been changed to **VPR "D" #24** from **Castle Rock 3118, Well number 322-F** and/or **Castle Rock 91-1**.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE DR Lankford TITLE SR. PETROLEUM ENGINEER DATE 12/20/99

Type or print name: DON LANKFORD Telephone No.: (505) 445-4621

(This space for State use)

APPROVED BY Ry E. Johnson TITLE **DISTRICT SUPERVISOR** DATE 12/27/99
Conditions of approval, if any: