Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources District I Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II 30-007-20111 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE  $\square$ FEE Santa Fe, NM 87505 District IV 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 VPR 'A' DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Coalbed Methane Name of Operator 8. Well No. -2SONAT RATON, L.L.C. Address of Operator 9. Pool name or Wildcat P.O. Box 190; Raton, NM 87740 Well Location Unit Letter \_feet from the \_\_\_\_North \_\_\_\_ line and \_\_\_1593\_\_\_\_ West line Section 6 Township 31 N Range 20 E NMPM Colfax County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8051'(GR) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: COMPLETION 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 recompilation. Perforate 2202 - 08 w/4SPF, 4SPF, 2194-98, 2185-88, & 2172 - 76 W/2SPF Fracture treat perfs 2172 - 2208 w/200,000 #sand Set RBP @ 2050' Perforate 1978 - 82' w/4 SPF Fracture treat perfs. 1978-82' w/50,000 #sand CO. to 23323 RIH W/PCP AND TBG. Nu stuffing box & tbg. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE / W. Last For ORC TITLE Petroleum Engineer Advisor DATE 8/3/99

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

SIGNATURE

Type or print name

Donald R. Lankford

Telephone No.

(This space for State use)

APPPROVED BY

Conditions of approval, if any:

TITLE

DISTRICT SUPERVISOR

DATE

9/2/99