Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103		
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.		
District II	OIL CONSERVATION DIVISION			30-007-20126		
811 South First, Artesia, NM 87210 District III	2040 South Pacheco			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STATE FEE 6. State Oil & Gas Lease No.		
2040 South Pacheco, Santa Fe. NM 87505				o. State	on & Gas Lease N	0.
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.) 1. Type of Well:				7. Lease Name or Unit Agreement Name: VPR 'A'		
	· · · · · · · · · · · · · · · · · · ·					
2. Name of Operator SONAT RATON, L.L.C.				8. Well No 12		
3. Address of Operator				9. Pool name or Wildcat		
P.O. Box 190; Raton, NM 87740						
4. Well Location						
Unit LetterP theEastline	:1225.01feet	from the_	South	_ line and _	947.22	feet from
Section 02 County	Township	31 N	Range 19 E		NMPM Colfax	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8209'(GR)						
11. Check A	appropriate Box to Inc		ature of Notice,	Report or (Other Data	100 Se 1262 S
NOTICE OF IN PERFORM REMEDIAL WORK			SUB REMEDIAL WOR		T REPORT OF	=: G CASING □
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DR			ILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB			
OTHER:		_ ·	OTHER: COI	MPLETION		
Describe proposed or complet of starting any proposed work) or recompilation. Perforated casing 2228 –2232, Frac'd 2213 – 2232 W/53,000 Set RBP @ 2150'	2209 – 2213 W/4 SPF. lbs. of sand.	tate all per Multiple C	tinent details, and good	give pertinen h wellbore d	t dates, including e iagram of proposed	stimated date completion
Perforated casing 2122 – 2126 Frac'd 2115 – 2126 W/106,00 Clean out to 2432'.						
Run production equipment (PC	C Pump).					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE DR Ladd			Sr. Petroleum	r Engine	OATE	9/29/99
Type of print name	ld R Lankfurd				Telephone No.	× 4620
APPPROVED BY Conditions of approval, if and:	John	_TITLE	DISTRICT S	UPERVI	SOR_DATE_	9/30/99