Submit 3 Copies To Appropriate District Form C-103 State of New Mexico Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30 - 007 - 20132District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE  $\square$ FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 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: Other COALBED METHANE Oil Well Gas Well Name of Operator 8. Well No. - 19 EL PASO ENERGY RATON, L.L.C. 9. Pool name or Wildcat Address of Operator P.O. BOX 190; RATON, NM 87740 Well Location Unit Letter O : 900.65 feet from the SOUTH line and 1953.32 feet from the EAST line Range 20E **NMPM** COLFAX County Township 32N Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8292' (GR) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND TEMPORARILY ABANDON CHANGE PLANS **ABANDONMENT** CASING TEST AND  $\Box$ PULL OR ALTER CASING **CEMENT JOB** COMPLETION OTHER: Perforate additional zones and stimulate OTHER: 12. Perforate: 2514'-2517', 2507'-2509', 2502'-2504', 2431'-2434'. All 4spf. 6/25/00 Stimulate: 30000# 20/40 & 60000# 12/20 with 725000 scf N2 70 Quality foam. 6/27/00 Perforate: 2292' - 2294' & 2273' - 2276'. All 4 spf. 6/29/00 Stimulate: 20000# 20/40 & 40000# 12/20 Sand with 1000000 scf N2 70 Quality foam. 7/01/00 Clean out to 2658'. Ran After frac Log. Reran tubing and rods. Returned well to production. 7/11-14/00 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE WELL SITE SUPERVISOR \_\_\_\_\_DATE\_\_ **SIGNATURE** Telephone No. (505) 445 - 4620 Type or print name (This space for State use) TITLE DISTRICT SUPERVISOR DATE 9/6/00 APPPROVED BY

Conditions of approvi