1805 14 Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103			
District I	Energy, Minerals and Natural Resources				Revised March 25, 1999			
1625 N. French Dr., Hobbs, NM 87240 District II					WELL API NO. 30-007-20138			
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION				5. Indicate Type of Lease			
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco				STATE FEE			
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505	Santa Fe, NM 87505					6. State Oil & Gas Lease No.		
SUNDRY NOTIC	ES AND REPORTS OF	N WELL	<u> </u>		7 Lease Name	or Unit Agraema	at Nama:	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPLN OR PLUG BACK TO A					7. Lease Name or Unit Agreement Name:			
DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	TION FOR PERMIT" (FOR	M C-101) F	OR SUCH			VPR A		
1. Type of Well: Oil Well Gas Well Other Coalbed Methane						~		
2. Name of Operator					8. Well No.	29		
EL PASO ENERGY RATON, L.L.C.								
3. Address of Operator					9. Pool name or Wildcat			
4. Well Location	90, Raton, NM 87740							
4. Well Bocation								
UnitC:1021'_	feet from the!	NORTH_	_ line and _	1380	'feet from	theWEST	line	
Section 02	Township	31N	Range	19E	NMPM (COLFAX	County	
	10. Elevation (Show w	vhether D	R, RKB, RT	T, GR, etc	.)			
11 Charle An	proprieto Doy to In	dioata N	latura of N	Vation I	200000000000000000000000000000000000000			
NOTICE OF INT	propriate Box to Ind	ilicate in			SEQUENT RE			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR						ALTERING CA	ASING [
TEMPORARILY ABANDON					CE DRILLING OPNS. PLUG AND			
				ABANDONMENT				
PULL OR ALTER CASING					יח []			
OTHER:			OTHER:	CHANC	SE OF OPERATOR	R		
12.	1							
For the referenced well, the operator h	has changed:							
From: Sonat Raton, L.L.	C. To:	El Pas	o Energy R	Raton, L.I	L.C.			
P.O. Box 190 P.O. Box 190								
Raton, New Mexic	o 87740	Raton,	New Mexi	ico 87740	1			
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I hereby certify that the information a	bove is true and comple	ete to the	best of my	knowledg	ge and belief.			
SIGNATURE Ruth	whair TITL	EFAC	ILITY PRC	D. SPE	CIALIST	DATE 07/23/0)0	
Type or print name RUTH LUKS	SICH Telephone No.	(505)445	-4621					
(This space for State use)	7 1 /)							
$\langle \mathcal{K} \rangle$	106	est.	MOTOR	ry cji	PERVISOR	0/	_/	
APPPROVED BY Conditions of approval, if any:	- Myour	TTLE 5	# # % % % & % & % % & & % & % & % & % & % & % & % & % & % & % & % & % & % & & % & % & & % & % & & % & % & & % & & % & & % & % & & % & & % & % & & % & & % & & % & & % & & % & & % &	pr 3 Silver	the state of the state of the	DATE &/	1/00	
Conditions of approval, if ally.	'/							
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