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

WELL API NO. 30-007-20148

5. Indicate Type of Lease
STATE ☐   FEE ■

6.   State Oil & Gas Lease No.

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:
   Oil Well ☐   Gas Well ■   Other

7. Lease Name or Unit Agreement Name:

VPR D

2.   Name of Operator
   SONAT RATON, LLC

8.   Well No.   **17**

3.   Address of Operator
   P.O. BOX 190; RATON, NM 87740

9. Pool name or Wildcat

4.   Well Location

   Unit Letter__G_____:___2094'__feet from the __North_____ line and __1514'_feet from the __East____line

   Section 5   Township 30N   Range   18E   NMPM   COFAX   County

10.   Elevation *(Show whether DR, RKB, RT, GR, etc.)*
   8475' (GR)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐   CHANGE PLANS ☐

PULL OR ALTER CASING ☐   MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ■   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12.

3/27/00   Spud well at 2:30 PM. Drill 11" Surface hole. Run 8-5/8" Casing to 343'. Cement with BJ Services. Pump 85 sx. Type III + adds. 20 bbls cement to surface. WOC 3 hrs.

3/28/00   WOC 5 hrs. Drill 7-7/8" hole to TD @ 1936'. LDDP to Log.

3/29/00   Log Wellbore. Run 5-1/2" casing to 1910'. Mix and Pump260 sx. Type III + adds. 25 BBLS cement to surface.

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___3/2900_____

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

(This space for State use)

APPPROVED BY_____ TITLE__DISTRICT SUPERVISOR_DATE_4/4/00_
Conditions of approval, if any: