Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natu	ural Resources	Revised March 25, 199	
1625 N. French Dr., Hobbs, NM 87240			WELL API NO. 30-007-20153	
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		5 Juliana T. C.	
District III	2040 South Pac	heco	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	<u>^</u>		6. State Oil & Gas Lease No.	
SUNDRY NOT	ICES AND REPORTS ON WELLS	<u> </u>	7. Lease Name or Unit Agreement Name:	
(DO NOT USE THIS FORM FOR PROPO				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			VPR B	
1. Type of Well:				
Oil Well Gas Well	Other		8. Well No. 9	
2. Name of Operator	•			
SONAT RATON, LLC 3. Address of Operator			9. Pool name or Wildcat	
P.O. BOX 190; RATON, NM 87740			9. Foor name of windcat	
Unit LetterJ:1	566_ feet from theSouth line	e and1808feet	from theEastline	
Section 31 Towns	hin 30N Range 10F	NIMPM CO	LEAY County	
Section 31 Township 30N Range 19E NMPM COLFAX County 10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
7935' (GR)				
11. Check A	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF IN		4	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WOR	K ☐ ALTERING CASING □	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN		
OTHER:		OTHER:	г	
12.		OTHER.		
12.				
4/10/00 Spud well at 3:00 PM. Drill 11" hole to 345'. Run 8-5/8" casing to 334'. BJ pumped 110 sx Type III + 2%CaCl2. 7 bbls cement returned to surface. WOC 3 hrs.				
4/11/00 WOC 5 hrs. Drill 7-7/8" hole to 2300'. LDDP to Log.				
4/12/00 RU Patterson and	l log 2300' to 335' Run 5-1/2" cas	ing to 2290' Cemer	nt with BJ. Mix and Pump 300 sx of cement.	
	o surface. Release rig.	mg to 2270 . Center	with by. With and I drip 300 3x of cement.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE				
Type or print name: DON LANKFORD Telephone No.: (505) 445-4621				
(This space for State use)				
APPROVED BY Ty Electronic TITLE DISTRICT SUPERVISOR DATE 5/10/00				
Conditions of approval, if any:				