| Submit 3 Copies To Appropriate District Office | State of | f New M | exico | | Form C-103 |
|---|--|---------------|--------------------|------------------|--------------------------------|
| District I | Energy, Minerals and Natural Resources | | | | Revised March 25, 1999 |
| 1625 N. French Dr., Hobbs, NM 87240 | | | | WELL API NO. | |
| District II | OIL CONSER | VATION | I DIVISION: | | |
| 811 South First, Artesia, NM 87210 District III | OIL CONSERVATION DIVISION | | | 5. Indicate Type | of Lease |
| 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 | | | | Gas Lease No. |
| 2040 South Pacheco, Santa Fe, NM 87505 | | | | | |
| SUNDRY NOTICE | ES AND REPORTS C | ON WELLS | 3 | 7. Lease Name o | r Unit Agreement Name: |
| (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.) | | | | VPR B | |
| 1. Type of Well: | | | | | |
| Oil Well Gas Well | Other | | | | • |
| 2. Name of Operator | | | | 8. Well No. | 18 |
| EL PASO ENERGY RATON, L.L.C. | | | | o. Well No. | 10 |
| 3. Address of Operator | | | | 9. Pool name or | Wildcat |
| P.O. BOX 190; RATON, NM 87740 | | | | J. Toorname of | Wildeat |
| 4. Well Location | | | | | |
| | | | | | |
| Unit LetterK:_1338 | feet from the Soi | uth line | and 2071 feet | from the West | line |
| | | | | | * |
| Section 26 Township | 30N Range | 18E | NMPM CO | LFAX Coun | ty |
| 1 | 0. Elevation (Show | whether D | R, RKB, RT, GR, et | c.) | |
| | | 8276 | | | |
| 11. Check App | propriate Box to In | ndicate N | ature of Notice. | Report or Other | Data |
| NOTICE OF INTE | ENTION TO: | | | SEQUENT RE | |
| PERFORM REMEDIAL WORK F | | v 🗆 | REMEDIAL WOR | | ALTERING CASING |
| | | | | | 712 12 1 (11 TO O / O 11 TO C) |
| TEMPORARILY ABANDON 🔲 C | CHANGE PLANS | | COMMENCE DR | ILLING OPNS. | PLUG AND |
| | | | ☐ ABANDONMENT ☐ | | |
| | MULTIPLE | | CASING TEST A | ND | |
| _ | OMPLETION | | CEMENT JOB | | |
| OTHER: | | | OTHER: | CHANGE OF OP | ERATOR T |
| 12. | | | OTTIET (. | OTAROL OF OF | LIMION |
| For the referenced well, the operator has | as changed: | | | | |
| To the referenced wen, the operator is | as changed. | | | | |
| From: Sonat Raton, L.L.C. | To: FIPs | sa Eneras | Raton, L.L.C. | | |
| P.O. Box 190 | | Box 190 | Raton, L.D.C. | | |
| Raton, New Mexico 87740 | | | exico 87740 | | |
| , | | ,, | CAICO OTTAO | | |
| | | | | | |
| | | | | | |
| I hereby certify that the information ab | ove is true and compl | lete to the b | est of my knowled | ge and belief. | |
| | | | - | • | |
| SIGNATURE DR Lan Col | - / TITLE | SR. PE | TROLEUM ENGI | NEER DATE | 07/23/00 |
| | | | | | |
| Type or print name: DON LANKFORI | O Telephone No.: (50 | 05) 445-46: | 21 | | |
| (This space for State use) | <u> </u> | | ···· | | *** |
| | 12/2 | ?~ | JOTAL AND AL | 1 M. M. M. A | / / |
| APPPROVED BY 9 | Ofm | TITLE L | vidikici Sl | JPERVISOR | DATE 8/7/00 |
| Conditions of approval, if any: | • | | | | |
| | | | | | |