Submit 3 Copies To Appropriate District	State of New Mexico				Form C-103
Office District I	Energy, Minerals and Natural Resources				
1625 N. French Dr., Hobbs, NM 87240				WELL API NO.	30-007-20157
District II	OIL CONSERVATION DIVISION				
811 South First, Artesia, NM 87210 District III	2040 South Pacheco			5. Indicate Type	of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE [	FEE
<u>District IV</u> 2040 South Pacheco, Santa Fe, NM 87505	•			6. State Oil & C	as Lease No.
			<del></del>		
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   DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				_	
PROPOSALS.)				1	VPR B
I. Type of We <u>ll:</u>	_				
Oil Well Gas Well	Other				
2. Name of Operator				8. Well No. 2	0
SONAT RATON, LLC					
3. Address of Operator			9. Pool name or V	Wildcat	
P.O. BOX 190; RATON, NM 87740 4. Well Location					· · · · · · · · · · · · · · · · · · ·
4. Well Location					
Unit LetterN:1075_ feet from theSouth line and1413feet from theWest line					
One LetterN1075_ feet from theSouth line and1415_ feet from thewestline					
Section 25 Township 30N Range 18E NMPM COLFAX County					
10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
8166' (GR)					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
<u> </u>					ALTERING CASING
TEMPORARILY ABANDON			LLING OPNS.	PLUG AND	
PULL OR ALTER CASING	MULTIPLE		CASING TEST AN	.n	ABANDONMENT
	COMPLETION	ш	CEMENT JOB	עט ב	
	50.VIII 221.70.V		022.11.000		
OTHER:			OTHER:		
12.			<u> </u>	-	
				'. HES pumped 100	sx Midcon 2 +Adds. 6
Bbls cement returne	ed to surface. WOC. D	Orill7-7/8"	Hole.		
A/0.6/00 D 31 IV-1- (- TD - 6	2660) DII D. II		101 / 2201 B . 5 1	/ON	G
				/2" casing to 2536'.	Cement with HES Mix
and Pump 330 SX of	f cement. 20 bbls ceme	ent to suria	ice. Release rig.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
Thereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE DR Lach	TITLE	SR. PE	TROLEUM ENGI	NEER DATE	5/18/00
SIGNATURE					
Type or print name: DON LANKFORD Telephone No.: (505) 445-4621					
(This space for State use)					
APPPROVED BY TITLE DISTRICT SUPERVISOR DATE 5/19/00					
Conditions of approval, if any:					