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				WELL API NO.	30-007-20160
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION			5 1 1: - 5	0.1
District III	2040 South Pacheco			5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE C	J FEE ■
District IV 2040 South Pacheco, Santa Fe, NM 87505	Gaina 1 e, 1 titi 0 / 2 0 2			6. State Oil & C	ias Lease No.
	S AND REPORTS O'	NWFLIS		7 Lease Name or	Unit Agreement Name:
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Bease Name of	· · · · · · · · · · · · · · · · · · ·
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				1	VPR B
PROPOSALS) 1. Type of Well:					
Oil Well Gas Well	Other				~
2. Name of Operator				8. Well No. 24	
SONAT RATON, LLC					
3. Address of Operator				9. Pool name or Wildcat	
P.O. BOX 190; RATON, NM 87740					
4. Well Location					
Unit Letter A: 368_feet from the North line and 1038feet from theEast line					
Section 26 Township	30N Range	18E		DLFAX Coun	ty
10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
8101' (GR) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
		uicale in			
NOTICE OF INTE			REMEDIAL WOR	BSEQUENT RE	ALTERING CASING
PERFORM REMEDIAL WORK	LUG AND ABANDON		KEMEDIAL WOR	W	ALTERING CASING L
TEMPORARILY ABANDON O	CHANGE PLANS		COMMENCE DR	RILLING OPNS.	PLUG AND
CACING TECT A				ABANDONMENT	
PULL OR ALTER CASING			ND []		
	ONI EL HON		OLMEN 308		
OTHER:			OTHER: CHA	ANGE OF OPERATO	DR 🔳
12.					
For the referenced well, the operator h	as changed:				
From: Sonat Paton I I C	C. To:	El Paco	Energy Poton I	I C	
From: Sonat Raton, L.L.C. To: El Paso Energy Raton, L.L.C. P.O. Box 190 P.O. Box 190					
Raton, New Mexico 87740 Raton, New Mexico 87740					
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		-4-4-41-1		dd hl:-6	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Ruth Sulk	TITLE	SR. PE	TROLEUM ENG	INEER DATE	07/23/00
for					
Type or print name: DON LANKFORD Telephone No.: (505) 445-4621					
(This space for State use)	10				, ,
APPPROVED BY KS COMMENT TITLE DISTRICT SUPERVISOR DATE 8/7/00					
Conditions of approval, if any					