Submit 3 Copies To Appropriate District Office <u>District 1</u> 1625 N. French Dr., Hobbs, NM 87240	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999 WELL API NO. 30-007-20175
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	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505		heco	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 Coalbed Methane				7. Lease Name or Unit Agreement Name: VPR D
2. Name of Operator EL PASO ENERGY RATON, LLC				8. Well No. 7
3. Address of Operator P.O. BOX 190; RATON, NM 87740			9. Pool name or Wildcat	
Unit Letter A :1181'_feet from theNorth line and806'feet from theEast line Section 8				
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8485' (GR)				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON			LLING OPNS. PLUG AND	
PULL OR ALTER CASING MULTIPLE CASING TEST A CEMENT JOB			CASING TEST AN CEMENT JOB	ABANDONMENT U
OTHER:			OTHER: COMPLE	ETION
12. 04/18/00 Run CBL(Patterson Wireline). TOC surface. 07/31/00 Perforate 2095'-2099', 2108'-2112' with 4spf. 08/02/00 Stimulate: 15000# 20/40 & 55000 # 12/20 Sand. 435000 scf N2 70 Quality Foam. Perforate: 1943'-1947', 1903'-1907' with 4spf. Stimulate:10000# 20/40 & 45000# 12/20 Sand.430000 scf N2 70 Quality Foam. Perforate: 1815'-1827'(4spf) & 1796'-1808'(2 spf). Stimulate: 25000# 20/40 & 100000# 12/20 Sand. 980000 scf N2 Quality Foam. Clean out well to 2175'.TIH with Production Tubing & Rods. Well ready to be electrified.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE				
APPPROVED BY TYPE Conditions of approval, if any: APPROVED BY TYPE DISTRICT SUPERVISOR DATE 8/18/00				