Office	State of New Mexico		Form C-103		
District 1	Energy, Minerals and Natural Resources		Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 87240 District II				WELL API NO.	30-007-20177
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION				
District III 2040 South Pacheco			5. Indicate Type	of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE C	FEE	
2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & G	as Lease No.
	Bo 1378				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				7. Lease Name or	Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH					
PROPOSALS.)				1	VPR D
1. Type of Well:					
Oil Well Gas Well Other					~
2. Name of Operator				8. Well No. 9	
EL PASO ENERGY RATON, L.L.C.					
3. Address of Operator				9. Pool name or V	Vildcat
P.O. BOX 190; RATON, NM 87740 4. Well Location					
4. Well Education					
Unit Letter K	1542' feet from the	Cauth	11	0.51	
Unit Letter K :	_13421661 from the	_South	line and16	95'feet from the _	Westline
Section 6 Township	30N Range	18E	NMPM CO	MEAV C	
Section 6 Township 30N Range 18E NMPM COLFAX County 10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
		8427' (GR)	<i>c.)</i>	
11. Check Apr	propriate Box to Indi	cate Nat	ture of Notice	Report or Other I	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				OCCUPENT REP	
			NEWLEDIAL VVOP		ALTERING CASING
TEMPORARILY ABANDON (CHANGE PLANS [COMMENCE DR	ILLING OPNS.	PLUG AND
PULL OR ALTER CASING .	ALUTIDUE (ABANDONMENT
	MULTIPLE [COMPLETION		CASING TEST A	ND 🗆	
	JOHN EETION		CEMENT JOB		
OTHER:	[OTHER: CHA	NGE OF OPERATOR	
12.					
For the referenced well, the operator h	as changed:				
From: Sonat Raton, L.L.C. To: El Paso Energy Raton, L.I.				L.C.	
P.O. Box 190 P.O. Box 190					
Raton, New Mexico 87740 Raton, New Mexico 87740					
I hereby certify that the information ab	ove is true and complete	to the he	et of my knowled		
_		to the be.	st of my knowled	ge and benet.	
SIGNATURE RATE	ARAICL TITLE	SR. PETI	ROLEUM ENGII	JEER DATE	07/23/00
Low				"BBRDATE	_07/23/00
Type or print name: DON LANKFORI	O Telephone No.: (505)	<u>445-4</u> 621	<u>:</u>		
(This space for State use)				-	
ADDDD OVED BY	<i>V.</i>	Di	STRICT CI	IDENIAC	/ /
APPPROVED BY Conditions of approval, if any:	TI	TLE	STWICT SC	PERVISOR	DATE 8/7/00
Conditions of approval, if any:					