Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C	102
District I	Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 87240 District II				WELL API NO.	30-007-20179	. 1777
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION			5 I I' + m		
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco			5. Indicate Type		
District IV	Santa Fe, NM 87505			STATE [		
2040 South Pacheco, Santa Fe, NM 87505				o. State Off & C	Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name or	r Unit Agreement Na	ame.
(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					8	
PROPOSALS.)  1. Type of Well:				1	VPR D	
Oil Well Gas Well	Other					
2. Name of Operator	• Other					
SONAT RATON, LLC				8. Well No. 1	.3	
3. Address of Operator				9. Pool name or V	Wildcat	
P.O. BOX 190; RATON, NM 87740				2 COT HAIRE OF	v nucai	
4. Well Location						
Unit LetterA:	1037' feet from the1	North li	ne and1169'	feet from theEast	tline	
Section 1 Townshi		17E	NMPM СО <b>Г</b>			
	10. Elevation (Show	whether D	R. RKB. RT. GR. etc	FAX County		
		8373'	(GR)			
II. Check Ap	opropriate Box to Ir	ndicate N	ature of Notice,	Report or Other I	Data	10 B 2 C 10 C
NOTICE OF INTENTION TO:  SUB				SEQUENT REF	ORT OF:	
FERTORINI REIVIEDIAL WORK	PLUG AND ABANDON	<b>и</b> Ш	REMEDIAL WOR	K 🔲	ALTERING CASING	G 🗆
TEMPORARILY ABANDON			LLING OPNS.	PLUG AND		
	MULTIPLE		CASING TEST AN	EST AND ABANDONMENT		
	COMPLETION		CEMENT JOB			
OTHER:			OTHER:			_
12.			OTTIER.			
4/6/00 Spud well at 5:30 A	N. D. William					
bbls cement returne	AM. Drill 11" hole to 3: ed to surface. WOC 8 h	50', Run 8.	-5/8" casing to 334'	. BJ pumped 125 sx	Type III + 2% CaCl	2. 3
4/7/00 Drill to 1830'. RU	Patterson and log 1733	' to 330'. F	Run 5-1/2" casing to	1818'. Cement with	RI Miy and Pump	
140 sx of cement. I	Iad to cut cement becau	use hole pa	cked off. No cemen	t to surface. Release	rig.	
**						
I hereby certify that the information a	bove is true and compl-	ete to the b	est of my knowledg	ge and belief.		
SIGNATURE DR Lack.	- L	CD DE	EDOLELD (ENGR.			
				EERDATE_	_4/11/00	
Type or print name: DON LANKFOR	D Telephone No.: (50	)5) 445-462	21			
(This space for State use)	1 0					—
APPPROVED BY	John	TITLE	istout cu	DEDVICAD	11/1-	/
Conditions of approval, if any:		IIILE 🚧	ه الله الله الله الله الله الله الله ال	ILNYIJUK	DATE Y//2/	<i>6</i> 0
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