Submit 3 Copies To Appropriate District Office	State of New Me	exico		Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.	
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		30-007-20180	
District III	2040 South Pacheco		5. Indicate Type	§
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE [
2040 South Pacheco, Santa Fe, NM 87505		6. State Oil & 0	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 Coal Bed Methane			7. Lease Name VPR D	or Unit AgreementName:
2. Name of Operator			8. Well No. 14	
El Paso Energy Raton, LLC				
3. Address of Operator			9. Pool name or	Wildcat
P O Box 190 Raton N.M. 87740 4. Well Location				
Unit LetterF_:_	1458'_feet from theNort	th line and	_1854'feet fro	m theWestline
Section 6	Township 30N	Range 18E	NMPM	Colfax County
	10. Elevation (Show whether Di		:.)	
8532' (GR) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		REMEDIAL WORK		PORT OF: ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRII	LLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ID 🗆	ABANDONMENT 🗀
OTHER: Commingle Raton coals wit		OTHER:		
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH with tubing and rods Perforate 1261-66, 1226-28, 1190-92, all 4spf. Stimulate perforations with N2 foam frac. (Frac details to be decided.) Perforate 822-24, 764-66, 730-32, all 4spf. Stimulate perforations with N2 foam frac. (Frac details to be decided.) Clean out well to TD. RIH with tubing and rods. Return to production. 				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE With fatt TITLE Consultant DATE 12-18-60				
Type or print name Mikt Potter Telephone No. 505-445-4685				
(This space for State use)				
APPPROVED BY 5.5 Conditions of approval, if any:	Hum TITLE [ISTRICT SU	PERVISOR	DATE 12/22/00