Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103		
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO. 30-007-20185		
1625 N. French Dr., Hobbs, NM 87240				WELL API NO.	30-007-20185
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION				C1
District III	2040 South Pacheco			5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE C	
District IV 2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & G	as Lease No.
	OEC AND DEDORTE OF	LIVELLO		7 Lagas Nama ar	Linit A anaomant Nomes
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				/. Lease Name of	Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				,	VPR B
PROPOSALS.)					VIKD
1. Type of Well:					•
Oil Well Gas Well Other				8. Well No. 5	
2. Name of Operator EL PASO ENERGY RATON, L.L.C.				8. Well No. 5	
3. Address of Operator				9. Pool name or V	Wildcat
P.O. BOX 190; RATON, NM 87740					
4. Well Location					
Unit LetterK:16	15_ feet from theSour	th line	and1403feet	from theWest	line
Section 35 Townsh	ip 30N Range	18E	NMPM CO		ty
10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
8290' (GR)  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
		dicate in			
				SEQUENT REI	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	<b>к</b>	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN	ND	
OTUED.		$\Box$	OTHER CHANG	GE OF OPERATOR	_
OTHER:			OTHER. CHAIN	SE OF OPERATOR	
12.					
For the referenced well, the operato	r nas cnangea:				
From: Sonat Raton, L.	I C To	El Paso l	Energy Raton, L.L.	.C.	
From: Sonat Raton, L.L.C.  P.O. Box 190  To: El Paso Energy Raton, L.L.C.  P.O. Box 190					
Raton, New Mexico 87740 Raton, New Mexico 87740					
	alazar is tours and samul	ata ta tha	hact of my knowled	go and belief	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE DR Lack TITLE SR. PETROLEUM ENGINEER DATE 07/23/00					
Type or print name: DON LANKFORD Telephone No.: (505) 445-4621					
(This space for State use)					
1,0	11/	g-	SCTDICT CI	[D#D\ // C ~ ~	
APPPROVED BY Ky Coffee TITLE DISTRICT SUPERVISOR DATE 8/7/00					
Conditions of approval, if any:					
V					