Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C	`-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 87240			WELL API NO. 30-007-20189		
<u>District II</u> 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		5 Indian T CI		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco		5. Indicate Type of Lease		
District IV	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505		o. State Off & 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:			7. Lease Name or Unit Agreement N  VPR B	ame:	
Oil Well Gas Well	Other		-		
2. Name of Operator			8. Well No. 12		
EL PASO ENERGY RATON, L.L.C.			6. Well No. 12		
3. Address of Operator			9. Pool name or Wildcat		
P.O. BOX 190; RATON, NM 87740 4. Well Location					
4. Well Location					
Unit LetterO_:_866_ feet from the _South line and _1521_feet from the _Eastline					
Section 35 Township 30N Range 18E NMPM COLFAX County					
	10. Elevation (Show whether	DR, RKB, RT, GR, et			
11 Check An		7' (GR)	Panart or Other Date		
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 WOR			SEQUENT REPORT OF: K ALTERING CASIN	ıg 🗆	
TEMPORARILY ABANDON			LLING OPNS. PLUG AND ABANDONMENT		
	MULTIPLE  COMPLETION	CASING TEST AI CEMENT JOB	CASING TEST AND		
OTHER:		OTHER:			
12.					
For the referenced well, the operator h	nas changed:				
From: Sonat Raton, L.L.C.	To: El Paso Energy Ra	aton, L.L.C			
P.O. Box 190 P.O. Box 190					
Raton, New Mexico 87740 Raton, New Mexico 87740					
I hereby certify that the information al	pove is true and complete to th	e best of my knowled	ge and belief.		
SIGNATURE DR Lack	TITLESR. I	PETROLEUM ENGI	NEERDATE07/23/00		
Type or print name: DON LANKFOR	D Telephone No.: (505) 445-	4621			
(This space for State use)	<u> </u>				
APPPROVED BY TY CASHULL TITLE DISTRICT SUPERVISOR DATE 8/7/00					
Conditions of approval, if and:					