Submit 3 Copies To Appropriate District	State of	State of New Mexico			Form C-1		
Office District I	Energy, Minerals and Natural Resources				Revised March 25, 1	999	
1625 N. French Dr., Hobbs, NM 87240				WELL API NO.			
District II	OIL CONCEDUATION DIVISION				30-007-20365		
11 Soudi Filst, Artesia, Nivi 6/210				5. Indicate Type of Lease			
District III 1220 South St Frances 1000 Rio Brazos Rd., Aztec, NM 87410				STATE	FEE FEE		
District IV Santa Fe, NM 87410 Santa Fe, NM 87505				L	Gas Lease No.		
2040 South Pacheco, Santa Fe, NM 87505				o. state on &	Gus Bouse 110.	-	
SLINDRY NOTI	ICES AND REPORTS (N WELLS		7. Lease Name	e or Unit Agreement		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				Name:	or ome rigitedment		
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				i dillo.	•	:	
PROPOSALS.)					VPR F		
1. Type of Well:					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Oil Well Gas Well	Other						
2. Name of Operator				8. Well No.	05 102		
EL PASO ENERGY RATON, LLC							
3. Address of Operator				9. Pool name of			
PO BOX 190, RATON, NM 87740				Stubblefield Ca	nyon Raton-Vermejo C	ias	
4. Well Location						1	
Unit Letter A: 795.3 feet from the North line and 235.8 feet from the East line							
Section 31	Township 32N			MPM Colfax	County		
10. Elevation (Show whether DR, RKB, RT, GR, etc.)							
医医肠腺腺 腺素		7784'					
11 Check A	Appropriate Box to I	ndicate Na	ture of Notice	, Report or Othe	r Data		
NOTICE OF INTENTION TO: SUBSI					EPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					ALTERING CASING	G 🔲	
PERFORM REMEDIAL WORK	J PEUG AND ABANDO	11 🗀	NEWLEDIAL WO	1/1/	ALTERNIO ONOMIC	J	
TEMBORARII V ARANDON	CHANGE PLANS		COMMENCE DI	RILLING OPNS. []	PLUG AND		
TEMPORARILY ABANDON L	CHANGE FLANG		OCIVIIVIEI VOE DI	TAILLING OF THE	ABANDONMENT		
PULL OR ALTER CASING MULTIPLE CASING TEST			AND 🔲				
TOLE ON METER ON ON TO	COMPLETION		CEMENT JOB				
		_					
OTHER:			OTHER:		Number Change		
12. Describe proposed or comple	ted operations. (Clearly	state all per	tinent details, and	l give pertinent date	s, including estimated of	late	
of starting any proposed work). SEE RULE 1103. Fo	or Multiple C	Completions: Atta	ach wellbore diagrai	n of proposed completi	on	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.							
or recompilation.							
Request to change the APD	Wall Nama/Number V	PR F 05 t	o VPR A 10	<i>)2.</i>			
Request to change the AFD	wen mame/mumber v	IK F 05 t					
I hereby certify that the information	on above is true and com	plete to the	best of my knowl	edge and belief.			
		•					
SIGNATURE DR L	W	TITLE	Engir	<u>neer</u> D.	ATE <u>08/23/02</u>		
	. Lankford	-					
Type or print name Telephone No. (5				505) 445-6721			
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(This space for State use)							
APPROVED BY THE DISTRICT SUPERVISOR DATE 8/2						02_	
APPPROVED BY 40	400				Ditt D		
Conditions of approval, if any:	′/						
	/						