180514Submit 5 Copies 10 Appropriate District Office	State of New Mexico		10mm C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240			WELL API NO.	
<u>District II</u> 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		30-007-20144	
District III	1220 South St Francis		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE	
<u>District IV</u> 1220 South St Francis, Santa Fe, NM	PRO		6. State Oil & Gas Lease No.	
87505			, , , , , , , , , , , , , , , , , , ,	
	ICES AND REPORTS ON WELLS		7. Lease Name or	Unit Agreement Name:
(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			VPR	D
PROPOSALS.)			VPK	D
1. Type of Well:				
Oil Well Gas Well Other Coalbed Methane 2. Name of Operator 8. Well No. 11				
EL PASO ENERGY RATON, L.L.C.			8. Well No. I	.1
3. Address of Operator			9. Pool name or W	/ildcat
P.O. Box 190, Raton, NM 87740			, 1001	
4. Well Location				
Unit <u>L : 16</u>	16 feet from the South line	e and1070	_feet from the <u>V</u>	<u>Vest</u> line
O di Mining Time I I ANNI DI ANTI ANTI ANTI ANTI ANTI ANTI ANTI ANT				
Section 5 T	ownship 30N Range 181 10. Elevation (Show whether Di		Colfax County	_
	8566'		,	A Comment of the Comm
11 Check /	Appropriate Box to Indicate N		Paport or Other I)ata
NOTICE OF IN			SEQUENT REF	
PERFORM REMEDIAL WORK		REMEDIAL WORK		ALTERING CASING
TENI ONWINEINEBINE WORK	T LOG MID MOMINDON	NEWLEDIAL WORK		ALIENING CAOMO L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS. 🔲	PLUG AND
				ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	D 📙	
	COMPLETION	CLIVIENT JOB		
OTHER:		OTHER:	ReFrac Comp	eleted
12. 12. Describe proposed or com	pleted operations. (Clearly state all	pertinent details, and	d give pertinent date	s, including estimated
date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed				
completion or recompletion.				
		.=.=		
	upper Vermejo interval 1737			1 1010 4 500
	with 615 mscf 70Q N2 Foan			and, ISIP 1,768 psi.
07/14/04 Run production	on equipment. Ready to be pl	aced back on pro	oduction.	
I hereby certify that the information	n above is true and complete to the l	sect of my knowledo	a and baliaf	
Thereby certify that the information		best of my knowledg	e and benef,	
SIGNATURE Shirley!	nitchell TITLE	Regulatory Analyst	DATE 07/2	28/04
Type or print name Shirley A Mitchell Telephone No. (505) 445-6785				
(This space for State use)				
APPPROVED BY 12 Coffee TITLE DISTRICT SUPERVISOR DATE 8/16/04				
APPPROVED BY 72	TITLE	101 AU	FER VIOUR	DATE 8/16/04
Conditions of approval, if any:				
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