

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S St Francis, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 S St Francis
Santa Fe, NM 87505

WELL API NO. 30-007-20378
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: VPR E
8. Well No. 99
9. Pool name or Wildcat Stubblefield Canyon - Vermejo Gas

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 ☒ **Water Disposal**

2. Name of Operator
EL PASO ENERGY RATON, L.L.C.

3. Address of Operator
PO BOX 190, RATON, NM 87740

4. Well Location
Unit Letter **H** : **1392** feet from the **North** line and **885** feet from the **East** line
Section **5** Township **31N** Range **19E** **NMPM** **Colfax** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
8593' (GL)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Mechanical Integrity Test <input checked="" type="checkbox"/>

12. 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 well bore diagram of proposed completion or recompilation.

05/17/04 Performed MIT on tubing/casing annulus.
Ran chart recorder. (Chart attached.) Held 500 psi for 30 minutes. Pressure test OK.
Witnessed by Bryan Olmstead; Sierra, and Roy Johnson; NMOCD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

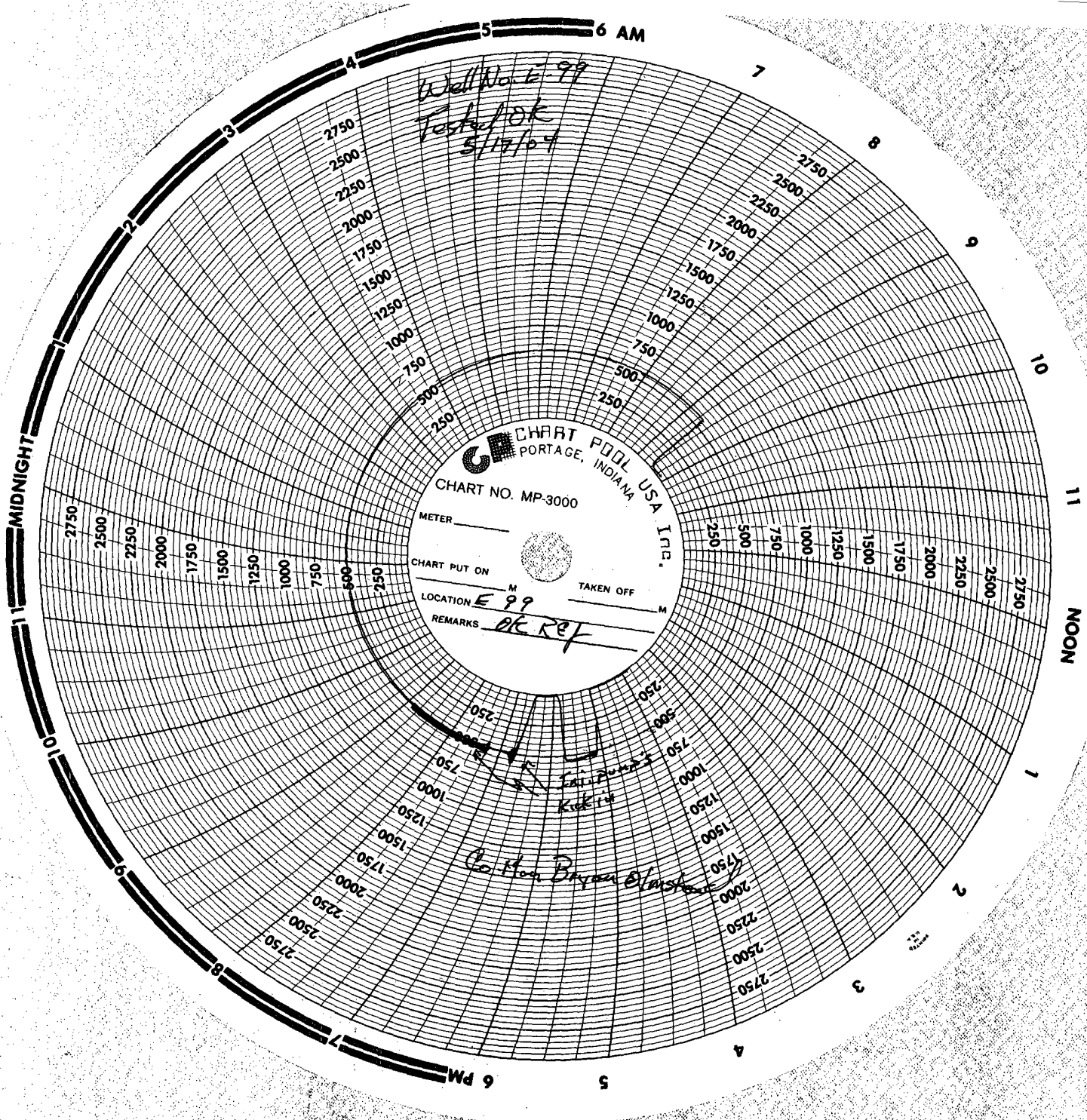
SIGNATURE *DR Lankford* TITLE Production Manager DATE 05/20/04
Type or print name Donald R. Lankford Telephone No. (505) 445-6721

(This space for State use)

APPROVED BY *[Signature]* TITLE DISTRICT SUPERVISOR DATE 5/27/04

Conditions of approval, if any:

Expires May, 2009



Well No. 6-99
Test OK
5/17/64

CHART NO. MP-3000
PORTAGE, INDIANA
METER _____
CHART PUT ON _____ M
TAKEN OFF _____ M
LOCATION E 99
REMARKS DE REF

Co. Hon. Bryan B. ...