

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
07 2005

| |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO. 30-007-20569 |
| 7. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 7. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name VPR B |
| 8. Well Number 93 |
| 9. OGRID Number |
| 10. Pool name or Wildcat |

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Coalbed Methane |
| 2. Name of Operator EL PASO ENERGY RATON, L.L.C. |
| 3. Address of Operator P.O. BOX 190, RATON, NM 87740 |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 4. Well Location Unit Letter K : 1403 feet from the South line and 1866 feet from the West line Section 27 Township 30N Range 18E NMPM Colfax County | 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 8,300' (GL) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

Pit or Below-grade Tank Application ☐ or Closure ☐

| | | | |
|----------------------|----------------------|----------------------------------------|-------------------------------------|
| Pit type | Depth to Groundwater | Distance from nearest fresh water well | Distance from nearest surface water |
| Pit Liner Thickness: | mil | Below-Grade Tank: Volume | bbls; Construction Material |

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

13. 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 wellbore diagram of proposed completion or recompletion.

01/31/05 Spud @ 3:00 p.m.. Drill 11" surface hole to 337'. Run 8 jts. of 8 5/8", 24#, J55 ST&C casing to 318'.
Halliburton mixed and pumped 100 sx Midcon II, 14 ppg, yield 1.66. Circulate 5 bbls of cement to surface.
WOC 8 hrs. Test surface 8 5/8" csg to 500 psi for 30 minutes.
02/02/05 Drill 7 7/8" hole from 337' - 2,845'. Reached TD 2,845' at 8:00 p.m.
MIRU Patterson and log well. Logger's TD at 2,810'.
Ran 65 jts of 5 1/2", 17#, J55 LT&C casing to 2,685'.
MIRU Halliburton. Pumped water and gel spacer at 4 bpm, with 80 psi. Pumped 421 sks Midcon II
at 13 ppg, 2.04 yield. Bumped plug with 1,435 psi. Circulated 18 bbls of cement to surface. Well shut in.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Shirley A. Mitchell TITLE _____ DATE 02/03/05

Type or print name Shirley A. Mitchell E-mail address: shirley.mitchell@elpaso.com Telephone No. (505) 445-6785
For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT SUPERVISOR DATE 2/8/05
Conditions of Approval (if any):