

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

WELL API NO. 30-007-20638
7. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
7. State Oil & 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: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Coalbed Methane	7. Lease Name or Unit Agreement Name VPR A
	8. Well Number 188
2. Name of Operator EL PASO ENERGY RATON, L.L.C.	9. OGRID Number
3. Address of Operator P.O. BOX 190, RATON, NM 87740	10. Pool name or Wildcat
4. Well Location Unit Letter F : 2075 feet from the North line and 1502 feet from the West line Section 8 Township 31N Range 20E NMPM Colfax County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 8,196' (GL)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

07/21/05 Spud @ 1:00 p.m. Drill 11" surface hole to 346'. Run 8 jts. of 8 5/8", 24#, J55 ST & C casing at 336'. Halliburton mixed and pumped 100 sx Midcon II cement, 14 ppg, yield 1.66. Circulate 8 bbls of cement to surface. WOC 8 hrs. Test surface 8 5/8" csg to 500 psi for 30 minutes.

07/22/05 Drill 7 7/8" hole from 346' - 2,480'. Reached 2,480' TD at 1:00 p.m. MIRU Patterson and log well. Logger's TD at 2,309'. Run 59 jts 5 1/2", 15.5#, J-55 LT & C casing at 2,442'. HES mixed and pumped 350 sks Midcon II cement. Plug down at 9:15 a.m. Did not circulate cement to surface. Wait on squeeze job and completion procedures.

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 Regulatory Analyst DATE 07/25/05
 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 7/28/05
 Conditions of Approval (if any):