Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr , Hobbs, NM 87240	<u>cr</u>		WELL API NO.
District II	oil Conservation Division		30-007-20540
District III	a South Files, Artesia, NW 67210		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE 🗆 FEE 💻
<u>District IV</u> 1220 S St Francis, Santa Fe, NM 87505	Salita Fe, N	NIVI 87303	6. State Oil & Gas Lease No.
		<u> </u>	
	CES AND REPORTS ON W		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			
PROPOSALS.) #497222			VPR A
1. Type of wen.		10	
Oil Well Gas Well	Other X Wat	er Disposal	
2. Name of Operator			8. Well No.
EL PASO ENERGY RATON, L.L.C.			182 WDW
3. Address of Operator			9. Pool name or Wildcat 97222
PO BOX 190, RATON, NM 87740			Stubblefield Canyon Vermejo Gas
4. Well Location			
Unit Letter <u>E</u> : <u>2</u>	166 feet from the	North line and	1074 feet from the West line
			Total India the Violet Inte
Section 28 Town		20E NMPM	Colfax County
	10. Elevation (Show when		c.)
		3,191' (GL)	
	ppropriate Box to Indic		
NOTICE OF <u>IN</u>			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	☐ REMEDIAL WOR	K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A	ABANDONMENT ND
OTHER:	COMPLETION F	OTHER:	Mechanical Integrity Test
	L-		
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.			
09/15/05 Performed MIT on tubing/casing annulus. Ran chart recorder. (Chart attached.) Held 500 psi for 30 minutes. Pressure test OK.			
Witnessed by Donnie Trimble, Drilling Superintendent; Carl Everson, Contractor; and Tom Patten, Contractor.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Production Manager DATE 09/27/05			
SIGNATURE TITLE Production Manager DATE 09/27/05 Type or print name Donald R. Laptford Telephone No. (505) 445-6721			
(This space for State use)			
V///// minumical clindbiacon			
APPPROVED BY Conditions of approval, if any: ONE OF TITLE DISTRICE SUPERVISOR DATE 9/28/05			
* Next MIT 9/15/2010			
, /U C/-			

