RECEIVED

Submit 3 Copies To Appropriate District Office	State of I Energy, Minerals			JUL 2 2 200	Form C-Revised March 25,	103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 87240	Lifetgy, Willicials	anu Matu		LWELLAPEROA	TION	1777
<u>District II</u> 811 South First, Artesia, NM 87210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATION DIVISION 1220 South St Francis			5. Indicate Type		
District IV 1220 South St Francis, Santa Fe, NM 87505	Santa Fe	6. State Oil & O				
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.)				7. Lease Name or Unit Agreement Name: VPR D		
1. Type of Well: Oil Well □ Gas Well ■						
2. Name of Operator				8. Well No. 9	94	
EL PASO ENERGY RATON, L.L.C.				0.0.1	21'11	
3. Address of Operator P.O. BOX 190 RATON, NM 87740				9. Pool name or \	Wildcat	
4. Well Location						
Unit Letter L: 1351 feet from the South line and 1214 feet from the West line						
Section 34 Township 31N Range 17E NMPM COLFAX County						
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8403' (GR)						
	Appropriate Box to	Indicate				
NOTICE OF IN PERFORM REMEDIAL WORK □			REMEDIAL WOR	SEQUENT RE	PORT OF: ALTERING CASING	G □
TEMPORARILY ABANDON	☐ CHANGE PLANS ☐ COMMENCE DE			LLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	AND		
OTHER:			OTHER:	Co	OMPLETION	
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 wellbore diagram of proposed completion or recompilation.						
05/30/03 HES ran Cement Bond Log. TOC at surface. 06/24/03 HES perf'd 1stage: HES frac'd 1stage: HES perf'd 2nd stage: HES perf'd 2nd stage: HES perf'd 2nd stage: HES perf'd 3nd stage: HES perf'd 3nd stage: HES perf'd 3nd stage: HES perf'd 4nd stage: HES frac'd 3nd stage: HES perf'd 4nd stage: HES perf'd 4n						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE Shirly Mitchell TITLE Field Adm Specialist DATE 07/14/03						
Type or print name: Sportley A. Mitchell Telephone No.: (505) 445-6785						
(This space for State use)						
APPROVED BY Sylvanian TITLE DISTRICT SUPERVISOR DATE 7/24/03 Conditions of approval, if any:						