Submit 3 Copies To Appropriate District Office	State of			Form C-103		
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.		
District II	OIL CONSERVATION DIVISION			30-007-20363		
811 South First, Artesia, NM 87210 District III	1220 South St Frances			5. Indicate Type		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505				FEE	
2040 South Pacheco, Santa Fe, NM 87505	<del>id I</del>				as 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				7. Lease Name of Name:	or Unit Agreement	
PROPOSALS.)					VPR F A	
<ol> <li>Type of Well:         Oil Well □ Gas Well</li> </ol>					VPK F	
Oil Well Gas Well Other  2. Name of Operator				8. Well No.		
EL PASO ENERGY RATON, LLC					03 100	
3. Address of Operator PO BOX 190, RATON, NM 87740				9. Pool name or		
4. Well Location				StubbleHeld Can	yon Raton-Vermejo Ga	ıs
Unit Letter <u>H</u> : <u>1465.4</u> feet from the <u>North</u> line and <u>1213.0</u> feet from the <u>East</u> line						
Section 36	Township 32N I	Range	20E NM	PM Colfax C	ounts	
Section 36 Township 32N Range 20E NMPM Colfax County  10. Elevation (Show whether DR, RKB, RT, GR, etc.)						
7914' (GL)						
	Appropriate Box to Inc	dicate Na				
NOTICE OF IN PERFORM REMEDIAL WORK	NTENTION TO: PLUG AND ABANDON		SUB REMEDIAL WOR	SEQUENT REI	PORT OF: ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS. 🗀	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN	ND 🗆	ABANDONNEN	
OTHER:			OTHER:	Well Name and N	_	
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.						
Request to change the APD Well Name/Number VPR F 03 to VPR A 100.						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE BR L		_TITLE	Enginee	<u>er</u> DAT	E08/23/02	
Type or print name	. Lankford	Te	lephone No. (50	5) 445-6721		
(This space for State use)						
/ SII// DISTRICT SUPERVISOR / /						
APPPROVED BY Conditions of approval, if any:		TITLE_	-tri 45		DATE O/ L//OC	
Conditions of approval, it any.						