

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 44
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-007-20922
1. Type of Well: Oil Well ☐ Gas Well ☒ Other Coalbed Methane		7. Indicate Type of Lease STATE ☐ FEE ☒
2. Name of Operator EL PASO E & P COMPANY, L.P.		7. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 190, RATON, NM 87740		7. Lease Name or Unit Agreement Name VPR A
4. Well Location Unit Letter H : 2466 feet from the North line and 326 feet from the East line Section 10 Township 31N Range 19E NMPM Colfax County		8. Well Number 504
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 8,389' (GL)		9. OGRID Number
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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
PLUG AND ABANDON ☐	P AND A ☐
CHANGE PLANS ☐	CASING/CEMENT JOB ☐
MULTIPLE COMPL ☐	
OTHER: ☐	OTHER: CORRECT ELEVATION ☒

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.

Shields Survey found a tabulation mistake on the elevation. This is the correct elevation footage.

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 Mitchell TITLE Regulatory Analyst DATE 07/30/2008
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: Ed Martin TITLE **DISTRICT SUPERVISOR** DATE 8/4/08
Conditions of Approval (if any):