

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 South St Francis, Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St Francis  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO. <b>30-007-20468</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. 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.)		7. Lease Name or Unit Agreement Name: <b>VPR D</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other COALBED METHANE		
2. Name of Operator <b>EL PASO ENERGY RATON, L.L.C.</b>	8. Well No. <b>140</b>	
3. Address of Operator <b>P.O. BOX 190 RATON, NM 87740</b>	9. Pool name or Wildcat	
4. Well Location  Unit Letter <b>J</b> : <b>1370</b> feet from the <b>South</b> line and <b>1348</b> feet from the <b>East</b> line  Section <b>20</b> Township <b>30N</b> Range <b>19E</b> NMPM COLFAX County		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>7520' (GR)</b>		

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/> COMPLETION

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.

12/18/03 HES ran Cement Bond Log. Estimated Cement Top at surface.  
01/05/04 HES perf'd 1<sup>st</sup> stage: 1687'-1689' 3 Holes  
HES frac'd 1<sup>st</sup> stage: Pumped fracture treatment with 11,700 lbs of 20/40 Ottawa sand, Avg Pres 1300 psi, Avg Rate 12.2 bbl/min.  
HES perf'd 2<sup>nd</sup> & 3<sup>rd</sup> stage: 1671'-1673, 1674'-1676' 6 Holes  
HES frac'd 2<sup>nd</sup> & 3<sup>rd</sup> stage: Pumped fracture treatment with 51,300 lbs of 20/40 Ottawa sand, Avg Pres 1100 psi, Avg Rate 20.5 bbl/min.  
HES perf'd 4<sup>th</sup> stage: 1628'-1630' 3 Holes  
HES frac'd 4<sup>th</sup> stage: Pumped fracture treatment with 11,400 lbs of 20/40 Ottawa sand, Avg Pres 1450 psi, Avg Rate 12.1 bbl/min.  
HES perf'd 5<sup>th</sup> stage: 1617'-1619' 3 Holes  
HES frac'd 5<sup>th</sup> stage: Pumped fracture treatment with 11,000 lbs of 20/40 Ottawa sand, Avg Pres 1300 psi, Avg Rate 12.2 bbl/min.  
HES perf'd 6<sup>th</sup> stage: 1590'-1592' 3 Holes  
HES frac'd 6<sup>th</sup> stage: Pumped fracture treatment with 21,200 lbs of 20/40 Ottawa sand, Ave Pres 1900 psi, Avg Rate 14.1 bbl/min.  
HES perf'd 7<sup>th</sup> stage: 1473'-1475' 3 Holes  
HES frac'd 7<sup>th</sup> stage: Pumped fracture treatment with 21,400 lbs of 20/40 Ottawa sand, Ave Pres 1425 psi, Avg Rate 14.7 bbl/min.  
HES perf'd 8<sup>th</sup> & 9<sup>th</sup> stage: 1209'-1211', 1212'-1214' 6 Holes  
HES frac'd 8<sup>th</sup> & 9<sup>th</sup> stage: Pumped fracture treatment with 31,200 lbs of 20/40 Ottawa sand, Ave Pres 3300 psi, Avg Rate 15.9 bbl/min.  
01/13/04 Installed rods, tubing, and pump. Well is ready to be tested and put on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Shirley A. Mitchell TITLE Senior Specialist DATE 02/13+/04  
Type or print name: Shirley A. Mitchell Telephone No.: (505) 445-6785

(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 2/20/04  
Conditions of approval, if any: