District Office District I 1625 N. French Dr., Hobbs, NM 87240	State of New Me Energy, Minerals and Natu	·	Form C-103 Revised March 25, 1999 WELL API NO.
District II 811 South First, Artesia, NM 87210 District III 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATION DIVISION 1220 South St Francis		30-007-20297 5. Indicate Type of Lease STATE FEE
<u>District IV</u> 1220 South St Francis, Santa Fe, NM 87505	Santa Fe, NM 87505		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.) 1. Type of Well:		7. Lease Name or Unit Agreement Name: VPR D	
Oil Well Gas Well 2. Name of Operator	ell Other Coalbed Methane		8. Well No. 84
EL PASO ENERGY RATON, L.L.C.			
3. Address of Operator P.O. Box 190, Raton, NM 87740		9. Pool name or Wildcat	
4. Well Location			
Unit <u>C</u> : <u>823</u> feet from the <u>North</u> line and <u>2442</u> feet from the <u>West</u> line			
Section 10	Township 30N Range 18	8E NMPM	Colfax County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 7987' GL			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF II PERFORM REMEDIAL WORK	NTENTION TO: ☐ PLUG AND ABANDON ☐	SUBS REMEDIAL WORK	SEQUENT REPORT OF: ALTERING CASING
TEMPORARILY ABANDON		LING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	
OTHER:		OTHER:	ReFrac Completed
12. 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 recompletion.			
02/06/04 Re-perforate upper Vermejo interval 1,072'- 1,082' 4 spf 40 Holes (10' Coal). Re-stimulate with 573 mcf 70Q N2 Foam and 78,300 lbs 20/40 Ottawa sand, ISIP 1,243 psi.			
02/12/04 Run production equipment. Ready to be placed back on production.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Shirly Britchell TITLE Senior Specialist DATE 02/16/04			
Type or print name Shirley A. Mitchell Telephone No. (505) 445-6785			
APPROVED BY JG JOHN TITLE DISTRICT SUPERVISOR DATE 2/25/09 Conditions of approval, if any:			