Office	State of New Me	xico	Form C-103	
Office District I	Energy, Minerals and Natural Resources		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240 The District II			WELL: API NO: 30-007-20467	
811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St Francis Santa Fe, NM 87505		STATE 🗔 FEE 🔳	
District IV 1220 South St Francis, Santa Fe, NM 87505	•		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or	Unit Agreement Name:
(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.)			\mathbf{v}	PR D
1. Type of Well: Oil Well Gas Well Other COALBED METHANE				
2. Name of Operator			8. Well No. 13	39
EL PASO ENERGY RATON, L.L.C.				
•			9. Pool name or W	/ildcat
P.O. BOX 190 RATON, NM 87740 4. Well Location				
Unit Letter L: 138	9 feet from the <u>South</u>	line and <u>775</u>	_feet from the	<u>West</u> line
Section 20 Township 30N Range 19E NMPM COLFAX County				
COMPANY PROPERTY OF THE SECOND	10. Elevation (Show whether Di	R, RKB, RT, GR, etc		。在第二次,并将 是在1000年
11 Charles	7470'		Donart or Otho	
NOTICE OF INT	Appropriate Box to Indicate		SEQUENT REF	
PERFORM REMEDIAL WORK		REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS. 🗌	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	4D 🗀	
OTHER:		OTHER:	cc	MPLETION
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.				
12/20/03 HES ran Cement Bond Log. Estimated Cement Top at surface. 01/09/04 HES perf'd 1stage: HES frac'd 1stage: HES frac'd 2nd stage: HES frac'd 2nd stage: HES frac'd 2nd stage: HES frac'd 3nd stage: HES perf'd 3nd stage: HES frac'd 3nd stage: HES frac'd 3nd stage: HES perf'd 4nd stage: HES perf'd 4nd stage: HES perf'd 5nd stage: HES frac'd 4nd stage: HES frac'd 5nd st				
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 02/20/04 Type or print name: Shirley A. Mitchell Telephone No.: (505) 445-6785				
APPPROVED BY TITLE DISTRICT SUPERVISOR DATE 2/25/04 Conditions of approval, if any:				