

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  
 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
 OIL CONSERVATION DIVISION  
 2040 South Pacheco  
 Santa Fe, NM 87505

Form C-103  
 Revised March 25, 1999

WELL API NO. **30-007-20179**

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:  
**VPR D**

**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:  
 Oil Well  Gas Well  Other

2. Name of Operator  
**EL PASO ENERGY RATON, L.L.C.**

8. Well No. **13**

3. Address of Operator  
**P.O. BOX 190; RATON, NM 87740**

9. Pool name or Wildcat

4. Well Location  
 Unit Letter A: 1037' feet from the North line and 1169' feet from the East line  
 Section 1 Township 30N Range 17E NMPM COFAX County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**8373' (GR)**

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON  CHANGE PLANS   
 PULL OR ALTER CASING  MULTIPLE COMPLETION   
 OTHER:

SUBSEQUENT REPORT OF:

- REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
 CASING TEST AND CEMENT JOB   
 OTHER: CHANGE OF OPERATOR

12. For the referenced well, the operator has changed:

From: **Sonat Raton, L.L.C.**  
**P.O. Box 190**  
**Raton, New Mexico 87740**

To: **El Paso Energy Raton, L.L.C.**  
**P.O. Box 190**  
**Raton, New Mexico 87740**

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

SIGNATURE Don Lankford TITLE SR. PETROLEUM ENGINEER DATE 07/23/00

Type or print name: **DON LANKFORD** Telephone No.: (505) 445-4621

(This space for State use)

APPROVED BY [Signature] TITLE **DISTRICT SUPERVISOR** DATE 8/7/00

Conditions of approval, if any: