

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

1220 South St Frances
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-007-20361

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement

Name: 24648

VPR F

A

8. Well No.

01

98

9. Pool name or Wildcat

Stubblefield Canyon Raton-Vermejo Gas

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, LLC

3. Address of Operator

PO BOX 190, RATON, NM 87740

4. Well Location

Unit Letter P : 718.1 feet from the South line and 1204.1 feet from the East line

Section 36 Township 32N Range 20E NMPM Colfax County

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

7900' (GL)

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: Well Name and Number Change ☒

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.

Request to change the APD Well Name/Number VPR F 01 to VPR A 98.

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

SIGNATURE DR Lankford TITLE Engineer DATE 08/23/02

Donald R. Lankford

Type or print name Telephone No. (505) 445-6721

(This space for State use)

APPROVED BY Ry E John TITLE DISTRICT SUPERVISOR DATE 8/27/02

Conditions of approval, if any