

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

Form C-103
Revised March 25, 1999

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

WELL API NO. 30-007-20374
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: VPR F C
8. Well No. 14 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 **N** : **1108.4** feet from the **South** line and **1410.6** feet from the **West** line
Section **19** Township **32N** Range **21E** NMPM **Colfax** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
7699' (GL)

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐	REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐
OTHER: ☐	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 14** to **VPR C 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 [Signature] TITLE **DISTRICT SUPERVISOR** DATE 8/27/02
Conditions of approval, if any: