Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240 <u>District II</u> 811 South First, Artesia, NM 87210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATION DIVISION 1220 South St Francis Santa Fe, NM 87505		WELL API NO. 30-007-20492 5. Indicate Type of Lease STATE FEE	
District IV 1220 South St Francis, Santa Fe, NM 87505	Santa 1 6, 1441 67365		6. State Oil & C	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	Other COALBED METHANE		8. Well No. 1	126
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 Letter L: 2180' feet from the South line and 454 feet from the West line				
Section 11 Township				County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 7,800' (GR)				
11. Check A NOTICE OF INT PERFORM REMEDIAL WORK			SEQUENT RE	
PULL OR ALTER CASING	CHANGE PLANS MULTIPLE	COMMENCE DRII		PLUG AND ABANDONMENT
OTHER:	COMPLETION	OTHER:	Cr	OMPLETION -
12. Describe proposed or completed oper	rations. (Clearly state all pertinent de	tails, and give pertiner	nt dates, including est	imated date of starting any
proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 01/29/04 HES ran Cement Bond Log. Estimated Cement Top at surface.				
03/30/04 HES perf'd 1 st stage: HES frac'd 1 st stage: HES perf'd 2 nd stage: HES frac'd 2 nd stage: HES frac'd 3 nd stage: HES perf'd 3 nd stage: HES perf'd 3 nd stage: HES perf'd 4				
HES frac'd 4 nd stage: Pumped fracture treatment with 540 lbs of 16/30 Brady sand, Avg Pres 2,560 psi, Screened out. 04/01/04 Installed rods, tubing, and pump. Well is ready to be tested and put on production.				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Shully Mitchell TITLE Regulatory Analyst DATE 04/30/04 Type or print name: Shirley A. Mitchell Telephone No.: (505) 445-6785				
(This space for State use) APPPROVED BY TITLE DISTRICT SUPERVISOR DATE 5/27/04 Conditions of approval, if any:				