180514Submit 3 Copies To Appropriate District Office	State of New Mex			Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240	<b>.</b>		WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-007-20176	
811 South First, Artesia, NM 87210 District III	1220 South St Francis		5. Indicate Type of	of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE C	FEE 📟
District IV	Salita FC, INIVI 87303		6. State Oil & G	as Lease No.
1220 South St Francis, Santa Fe, NM 87505		}		
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				ū
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		VPR	D	
1. Type of Well:				
Oil Well Gas Well	Other Coalbed Methane	ì		
2. Name of Operator	. Name of Operator		8. Well No.	8
EL PASO ENERGY RATON, L.L.C.				
3. Address of Operator			9. Pool name or V	Vildcat
P.O. Box 190, Raton, NM 87740				
4. Well Location				
Unit P: 1300 feet from the South line and 1021 feet from the East line				
	2021		~ ~ .	
Section 1 To	wnship 30N Range 17E	NMPM	Colfax County	
	10. Elevation (Show whether DR 8310'			
11 Chook	<u> </u>		Compart on Other	Doto
	Appropriate Box to Indicate Na			
	NTENTION TO:		SEQUENT RE	
PERFORM REMEDIAL WORK	T PLUG AND ABANDON LT	REMEDIAL WORK		ALTERING CASING
PEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DR			LING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN	ם מ	ABANDONMENT
	COMPLETION	CEMENT JOB		
OTHER: Re-frac		OTHER:		
12. 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 recompletion.				
Plan to re-perforate a	and re-stimulate the upper Verr	mejo coal interva	il 1506'- 1512'.	
Plan to fracture stimum	ılate interval_with @_48,000_l	bs. of sand in 1	stage.	
		<del></del>		
I hereby certify that the information	on above is true and complete to the b	est of my knowledg	e and belief.	
SIGNATURE De La	TITLE_	Production Manage	DATE_0	6/21/04
Type or print name Donald R	Lankford Telephone No. (	505) 445-6721		
(This space for State use)	301/			
$(\mathcal{L})$	"	ISTRICT SU	PERVISOR	DATE 6/25/04
APPPROVED BY 74(	TITLE		- mil v i V V V N	_DATE_6/23/07
Conditions of approval, if any:	11			