Office State of New Mexico	Form C-103
District 1 Energy, Minerals and Natural Re	esources Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs NM 87340 H. IV L	20,007,20501
811 South First Artesia NM 87210 UIL CUNSERVATION DIV	ISION 5 Indicate Type of Lease
District IV District IV Distri	STATE 🗔 FEE 🎆
District IV 1220 South St Francis, Sandle, SM/NSERV. CON 87505 DEVISION	6. State Oil & Gas Lease No.
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 BAG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUC PROPOSALS.)	
1. Type of Well:	
Oil Well Gas Well Other COALBED METHANE 2. Name of Operator	8. Well No. 156
EL PASO ENERGY RATON, L.L.C.	8. Well No. 156
3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 190 RATON, NM 87740	
4. Well Location	
Unit Letter <u>A</u> : <u>1268</u> feet from the <u>North</u> line and <u>1294</u> feet from the <u>East</u> line	
Section 33 Township 31N Range 17E NMPM COLFAX County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8480' (GR)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
OTHER: OTH	IER: COMPLETION
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.	
06/08/04 Patterson ran Cement Bond Log. Estimated Cement Top at surface.	
06/15/04 Patterson pert'd 1 st stage: 1348'-1351', 1366'-1372' 36 Holes HES frac'd 1 st stage: Pumped 64,907 lbs of 16/30 sand, Avg Pres 1814 psi, Avg Rate 22.4 bpm, ISIP 1940 psi.	
Patterson perf'd 2 nd stage: 1100'-1106' 24 Holes	
HES frac'd 2 rd stage: Pumped 41,961 lbs of 16/30 sand, Avg Pres 1812 psi, Avg Rate 20.7 bpm, ISIP 1718 psi. 06/16/04 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 Surly Mitchell TITLE Regulatory Analyst DATE 07/19/04	
Type or print name: Shirley A Mitchell Telephone No.: (505) 445-6785	
(This space for State use)	1 1
APPPROVED BY & C. John TITLE DISTRICT SUPERVISOR DATE 7/27/04	
Conditions of approval, if any:	