Submit 3 Copies To Appropriate District Office	Energy, Minerals and Natural Resources Hobbs, NM 87240 Sia, NM 87210 OIL CONSERVATION DIVISION 1220 S St Francis		Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 87240 District II			WELL API NO. 30-007-20143
811 South First, Artesia, NM 87210			5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
District IV	rict IV Santa Fe, NM 8/303		6. State Oil & Gas Lease No.
1220 S St Francis, Santa Fe, NM 87505			
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 A
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other X Water Dis	posal	
2. Name of Operator		8. Well No.	
EL PASO ENERGY RATON, L.L.C.		42	
3. Address of Operator		9. Pool name or Wildcat	
	OX 190, RATON, NM 87740)	Stubblefield Canyon – Vermejo Gas
4. Well Location			
Unit Letter F: 1619 feet from the North line and 2511 feet from the West line			
Section 1 Town	ship 31N Range 19E	NMPM C	Colfax County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8289' (GL)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		C ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	
OTHER:		OTHER:	Mechanical Integrity Test
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 well bore diagram of proposed completion or recompilation.			
Performed MIT on tubing/casing annulus. Ran chart recorder. (Chart attached.) Held 500 psi for 30 minutes. Pressure test OK. Witnessed by Bryan Olmstead; Sierra, and Roy Johnson; NMOCD.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Production Manager DATE 05/20/04 Type or print name Donald R. Lankford Telephone No. (505) 445-6721			
APPPROVED BY Conditions of approval, if any: Expires May 2009 TITLE DISTRICT SUPERVISOR DATE 5/27/04			

