

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Albuquerque, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S St Francis, Santa Fe, NM 87505

State of New Mexico

Energy, Mineral and Natural Resources

Form C-103

Revised March 25, 1999

WELL API NO.

30-007-20116

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

VPR A

Well No.

7

9. Pool name or Wildcat

Stubblefield Canyon - Vermejo Gas

SUMMARY 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 ☒ Water Disposal

2. Name of Operator

EL PASO ENERGY RATON, L.L.C.

3. Address of Operator

PO BOX 190, RATON, NM 87740

4. Well Location

Unit Letter **B** : **1074** feet from the **North** line and **2276** feet from the **East** line

Section **1** Township **31N** Range **19E** **NMPM** **Colfax** County

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

8272' (GL)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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 recompletion.

05/17/04 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 DR Lankford TITLE Production Manager DATE 05/20/04
Type or print name Donald R. Lankford Telephone No. (505) 445-6721

(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 5/27/04

Conditions of approval, if any:

Expires May, 2009

