

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, 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, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
1220 S St Francis  
Santa Fe, NM 87505

WELL API NO. <b>30-007-20152</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name:  <b>VPR D</b>
8. Well No. <b>25</b>
9. Pool name or Wildcat <b>Stubblefield Canyon - Vermejo Gas</b>

**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:  
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 **N** : **1155** feet from the **South** line and **1390** feet from the **West** line  
  
Section **5** Township **30N** Range **18E** **NMPM** **Colfax** County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**8549' (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 recompilation.

05/19/04 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*

