

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-007-20608</b>
7. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
7. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>VPR A</b>
8. Well Number <b>217</b>
9. OGRID Number
10. Pool name or Wildcat

11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>8,237' (GL)</b>
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Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

**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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>Coalbed Methane</b>
2. Name of Operator <b>EL PASO ENERGY RATON, L.L.C.</b>
3. Address of Operator <b>P.O. BOX 190, RATON, NM 87740</b>

4. Well Location Unit Letter <b>B</b> : <b>1130</b> feet from the <b>North</b> line and <b>1784</b> feet from the <b>East</b> line Section <b>21</b> Township <b>31N</b> Range <b>19E</b> <b>NMPM</b> <b>Colfax</b> County
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11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>8,237' (GL)</b>
--

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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13. 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.

04/16/05 Spud @ 3:45 p.m. Drill 11" surface hole to 343'. Run 8 jts. of 8 5/8", 24#, J55 ST & C casing at 334'.  
Halliburton mixed and pumped 100 sx Midcon II cement, 14 ppg, yield 1.66. Circulate 11 bbls of cement to surface.  
WOC 8 hrs. Test surface 8 5/8" csg to 500 psi for 30 minutes. ✓

04/17/05 Drill 7 7/8" hole from 343' - 2,555'. Reached TD 2,555' at 6:15 p.m.  
MIRU Patterson and log well. Logger's TD at 2,550'.  
Run 61 jts 5 1/2", 15.5#, J-55 LT & C casing at 2,515'.  
HES mixed and pumped 367 sks Midcon II cement. Plug down at 11:30 p.m. Circulated 13 bbls cement to surface.  
Well shut in. ✓

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Shirley Mitchell TITLE Regulatory Analyst DATE 04/21/05  
Type or print name Shirley A. Mitchell E-mail address: shirley.mitchell@elpaso.com Telephone No. (505) 445-6785  
For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT SUPERVISOR DATE 4/26/05  
Conditions of Approval (if any):