| Submit 3 Copies To Appropriate District | State of New Mexico | | Form C-103 |
|---|---|-----------------------------------|--|
| Office <u>District I</u> | Energy, Minerals and Natural Resources | | May 27, 2004 |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | WELL API NO. 30-007-20601 |
| 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease |
| <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE FEE |
| District IV | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | |
| I . | TICES 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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | V/DD A | |
| PROPOSALS.) | | VPR A 8. Well Number 210 | |
| Type of Well: Oil Well Name of Operator | | | 9. OGRID Number 180514 |
| EL PASO ENERGY RATON, L.L.C. | | | 9. OGRID Number 180514 |
| 3. Address of Operator | | | 10. Pool name or Wildcat 96970 |
| PO BOX 190, RATON, NM 87740 | | Stubblefield Canyon – Vermejo Gas | |
| 4. Well Location | | | |
| Unit Letter <u>L</u> : <u>1844</u> feet from the <u>South</u> line and <u>845</u> feet from the <u>West</u> line | | | |
| | ownship 31N Range 19 | | Colfax County |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 8,363' (GL) | | | |
| Pit or Below-grade Tank Application or Closure | | | |
| Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water | | | |
| Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| 12. Check Appropriate Box to maleate Nature of Notice, Report of Other Bata | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A | | | |
| TEMPORARILY ABANDON PULL OR ALTER CASING | | CASING/CEMENT | |
| FOLE ON ALTEN CASING | , MIDETIFEE COMFE | CASING/CEMENT | 30B |
| OTHER: | | OTHER: | Completion 🖂 |
| 13. Describe proposed or com | pleted operations. (Clearly state all persons). SEE BLUE 1103. For Multiple | ertinent 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. | | | |
| | | | |
| 05/17/05 Schlumberger ran Acoustic Cement Bond Log. Estimated cement top at surface. | | | |
| 06/14/05 Schlumberger perf'd 1 st stage - 2438'- 2443', 2459'- 2462' 36 Holes HES frac'd 1 st stage - Pumped 485,440 scf 70% quality nitrogen foam with 20# Linear gel with 31,964 lbs 16/30 sand. | | | |
| HES refrac'd 1st stage - Pumped 306,000 scf 70% quality nitrogen foam with 20# Linear gel with 32,378 lbs 16/30 sand. | | | |
| 06/15/05 Schlumberger perf'd 2 nd stage - 2210'-2212', 2254'-2257', 2290'-2294', 2319'-2322' 48 Holes | | | |
| HES frac'd 2 nd stage - Pumped 416,901 scf 70% quality nitrogen foam with 20# Linear gel with 44,183 lbs 16/30 sand. Schlumberger perf'd 3 rd stage - 2040' - 2044' 16 Holes | | | |
| HES frac'd 3 rd stage - Pumped 514,396 scf 70% quality nitrogen foam with 20# Linear gel with 17,836 lbs 16/30 sand. | | | |
| Schlumberger perf'd 4 th stage - 1112'- 1118', 1168'- 1174', 1210'- 1214', 1274'- 1276' 68 Holes HES frac'd 4 th stage - Pumped 547,101 scf 70% quality nitrogen foam with 20# Linear gel with 91,632 lbs 16/30 sand. | | | |
| 06/23/05 RIH tubing, rods and pump. Well is ready to be tested and put on production. | | | |
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| | | | |
| Therefore (C. d4 de la Company) | | 4-611-1 | 11 1: 6 |
| 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 NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan. | | | |
| SIGNATURE Shirley Mitchell TITLE Degulatory Analyst DATE 08/20/05 | | | |
| SIGNATURE 2700 | IIILL | Regulatory Ana | DATE 08/29/05 |
| 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: 1 DISTRICT SUPERVISOR DATE 9/2/05 | | | |
| APPROVED BY: USU TITLE LIBERT DATE 7/2/05 Conditions of Approval (if pny): | | | |
| Conditions of Approval (II girly). | | | |
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