| Office Office | State of New Mexico | | | Form C-103 |
|--|--|------------------------------------|--------------------|------------------------|
| District I | Energy, Minerals and Natural Resources | | | Revised March 25, 1999 |
| 1625 N. French Dr., Hobbs, NM 87240 | | | WELL API NO. | |
| District II 811 South First Artesia NM 87210 OIL CONSERVATION DIVISION | | | 30-007-20398 | |
| 811 South First, Artesia, NM 87210 District III 1220 South St. Frances | | Indicate Type of | of Lease | |
| 1000 Pio Berzos Pd. Aztec NM 97410 | | STATE - | FEE 📉 | |
| Santa Fe, NM 87505 | | 6. State Oil & G | as Lease No. | |
| 1220 South St. Frances, Santa Fe, NM 87505 | | | | |
| | ES 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 | | | | VPR D |
| PROPOSALS.) | | | | VIKD |
| 1. Type of Well: Oil Well Gas Well Government Other X Coalbed Methane | | | | |
| | | | 8. Well No. | 100 |
| 2. Name of Operator EL PASO ENERGY RATON, L.L.C. | | | o. Well No. | 100 |
| | | | 9. Pool name or V | Vildeat |
| | | | 9. FOOI Hamic Of V | Y HUCAL |
| | | | | |
| 4. Well Location | | | | |
| Unit Letter O: 1195 | feet from the South | line and 1703 | feet from the E | ast line |
| Olli Letter <u>O . 119.</u> | j leet from the <u>south</u> | _ mic and1705_ | | ast mic |
| Section 3 Town | ship 30N Range 17 | E NMPM | COLFAX | County |
| | | | | County |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8336' (GL) | | | | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| | | | | |
| | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | | ALTERING CASING . |
| TEMPORARILY ABANDON | | | LING OPNS | PLUG AND |
| TEMPORARIET ABANDON & CHANGE FEARS | | LING OF NO. | ABANDONMENT | |
| PULL OR ALTER CASING | MULTIPLE | CASING TEST AN | D 🗂 | |
| | COMPLETION | CEMENT JOB | | |
| | | | | |
| OTHER: | | OTHER: | | |
| 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 wellbore diagram of proposed completion or recompilation. | | | | |
| SEE RULE 1103. For Multiple Completi | ons: Attach wellbore diagram of propos | ed completion or recomp | ilation. | |
| 02/04/03 Spud @ 3:45 p.m. Drill 11" surface hole to 355'. Run 11 jts. of 8 5/8", J-55, 23 ppf ST&C casing to 343'. | | | | |
| Halliburton mixed and pumped 40 bbls water, 100 sx Midcon II, 14 ppg, yield 1.66 at 3 bpm with 60 psi with | | | | |
| 6% salt, 5#/sx gilsonite, 3% versaset, .25 #/sk flocele. Circulate 8 bbls of cement to surface. WOC 8 hrs. | | | | |
| Test surface casing to 500 psi for 30 minutes. | | | | |
| 02/05/03 Drill 7 7/8" hole from 355' + 2015'. Reached TD 2015' at 11:00 p.m. MIRU Schlumberger & log well. | | | | |
| Loggers TD at 2001'. | | | | |
| 02/06/03 Ran 47 jts. of 5 ½", M-50, 15.5 ppf LT&C casing to 1959'. | | | | |
| Halliburton mix and pump 10 bbls water, 20 bbls gel pre flush at 4 bpm with 50 psi, 4 gal LGC, 120# magmafiber, | | | | |
| 100# baracarb with 5 bbls water spacer. Pumped 282 sx Midcon II PP, 13 ppg, yield 2.03 at 3 bpm with 65 psi, | | | | |
| 6% salt, 2 lb/sx Granulite, 5 lb/sx Gilsonite, .3% Versaset, .1% Super CBL and 25 #/sx flocele. | | | | |
| Plug landed at 3:10 p.m. with 1426 psi. Check float okay. Circulated 30 bbls of cement to surface. Well shut in. | | | | |
| | | | | |
| | | | | |
| I hereby certify that the information a | bove is true and complete to the b | est of my knowledg | ge and belief. | |
| 11.0 4 | 21112 | | | 2, |
| SIGNATURE Shirley Mitchell TITLE Field Adm. Specialist DATE 08/24/03 | | | | |
| Type or print name Shirtey A. Mitchell Telephone No. (505) 445-6785 | | | | |
| | | | | |
| (This space for State use) | | | | |
| APPPROVED BY July STRICT SUPERVISOR DATE 2/26/03 | | | | |
| APPPROVED BY JG DATE DISTRICT SUPERVISOR DATE DISTRICT SUPERVISOR DATE DISTRICT SUPERVISOR | | | | |
| Conditions of approval, if ahy: | | | | |
| <i>V</i> | | | | |