

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
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

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

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|---|
| WELL API NO. |
| Monitor Well |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |

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 X Coalbed Methane

2. Name of Operator
EL PASO ENERGY RATON, L.L.C.

3. Address of Operator
P.O. Box 190, Raton, NM 87740

4. Well Location
Unit Letter A : 1237 feet from the North line and 422 feet from the East line
Section 25 Township 32N Range 17E NMPM Colfax County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
8702' (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: ☐

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 recompletion.

(REVISION OF C 101)

The CH-30 was originally permitted as a "Strat Test". Operator, El Paso Energy Raton, is requesting permission to set 2 3/8" casing and complete as a "Monitor Well" in the Vermejo Coal Formation.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE DR Lankford TITLE Principal Engineer DATE 05/22/01

Type or print name Donald R. Lankford Telephone No. (505) 445-6721
(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 6/19/03
Conditions of approval, if any: