

.,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 South St Francis, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St Francis
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-007-20426	
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: VPR B	
8. Well No. 45	
9. Pool name or Wildcat Van Bremmer Canyon Vermejo Gas	
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 type="checkbox"/> Other <input checked="" type="checkbox"/> 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 E : 1396 feet from the North line and 575 feet from the West line Section 29 Township 30N Range 18E NMPM COLFAX County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8330' (GL)	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: 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 COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> COMPLETION

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.

08/08/03 HES ran Acoustic Cement Bond Log - TOC at surface.
08/27/03 HES perf'd 1st stage - 2482'- 2484' 3 SPF 5 Holes
HES frac'd 1st stage - Pumped fracture treatment with 20,750 lbs 20/40 Ottawa sand at 8.7 bpm, ATP 4258 psi, Final ISIP 3709 psi.
HES perf'd 2nd stage - 2410'- 2412', 2420'- 2422' 3 SPF 10 Holes
HES frac'd 2nd stage - Pumped fracture treatment with 20,670 lbs 20/40 Ottawa sand at 10.2 bpm, ATP 1680 psi, Final ISIP 1126 psi.
HES perf'd 3rd stage - 2362'- 2364', 2369'- 2371' 3 SPF 10 Holes
HES frac'd 3rd stage- Pumped fracture treatment with 40,950 lbs 20/40 Ottawa sand at 13.5 bpm, ATP 3750 psi, Final ISIP 2000 psi.
HES perf'd 4th stage - 2220'- 2223', 2228'- 2230' 3 SPF 12 Holes
HES frac'd 4th stage - Pumped fracture treatment with 50,730 lbs 20/40 Ottawa sand at 13.3 bpm, ATP 3723 psi, Final ISIP 2088 psi.
08/28/03 HES perf'd 5th stage - 2179'- 2182' 3 SPF 7 Holes
HES frac'd 5th stage - Pumped fracture treatment with 26,490 lbs of 20/40 Ottawa sand at 10.9 bpm, ATP 4205 psi, Screened out.
HES perf'd 6th stage - 1848'- 1850', 1861'- 1863' 3 SPF 10 Holes
HES frac'd 6th stage - Pumped fracture treatment with 8,390 lbs of 20/40 Ottawa sand at 9.7 bpm, ATP 4254 psi. Pressured out.
HES perf'd 7th stage - 1422'- 1424' 3 SPF 5 Holes
HES frac'd 7th stage - Pumped fracture treatment with 9,710 lbs of 20/40 Ottawa sand at 6.5 bpm, ATP 4276 psi. Screened out.
HES perf'd 8th stage - 1229'- 1231' 3 SPF 5 Holes
HES frac'd 8th stage - Pumped fracture treatment with 1,980 lbs of 20/40 Ottawa sand at 8.8 bpm, ATP 4050 psi, Final ISIP 3848 psi.
08/31/03 RIH tubing, rods and pump. Well is ready to be tested and put on production.

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

SIGNATURE Shirley A. Mitchell TITLE Senior Specialist DATE 09/17/03
Type or print name Shirley A. Mitchell Telephone No. (505) 445-6785
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: