Submit 3 Copies To Appropriate District	State of New Me	evico		Form C-103
Office	Energy, Minerals and Natural Resources		Revised March 25, 1999	
District 1 1625 N. French Dr., Hobbs, NM 87240		WELL API NO.		
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION		30-007-20395		
District III 1220 South St Francis		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.		
1220 South St Francis, Santa Fe, NM 87505			6. State Off & C	ias 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:			7. Lease Name or Unit Agreement Name:  VPR D	
Oil Well Gas Well Other COALBED METHANE				
2. Name of Operator EL PASO ENERGY RATON, L.L.C.			8. Well No. <b>1</b>	110
3. Address of Operator			9. Pool name or V	Wildcat
P.O. BOX 190 RATON, NM 87740  4. Well Location				
Unit Letter A: 906 feet from the North line and 938 feet from the East line				
Section 15 Township 30N Range 17E NMPM COLFAX County				
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 9050' (GR)				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	к 🗆	ALTERING CASING □
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. 🗀	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AI CEMENT JOB		
OTHER:		OTHER:	С	OMPLETION ==
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.				
06/04/03 HES ran Cement Bond Log. TOC at surface.  08/15/03 HES perf'd 1st stage: HES frac'd 1st stage: HES perf'd 2nd stage: HES perf'd 3rd stage: HES frac'd 3rd stage: HES frac'd 3rd stage: HES perf'd 4th stage: HES frac'd 5th stage: HES fr				
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 09/12/03  Type or print name: Shirley A. Mitchell Telephone No.: (505) 445-6785				
APPPROVED BY Conditions of approval, if any:				