

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 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

WELL API NO. 30-007-20420
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 A
8. Well No. 115
9. Pool name or Wildcat
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8181' (GR)

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 checked="" type="checkbox"/> Other 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 G : 1472 feet from the North line and 1414 feet from the East line Section 8 Township 31N Range 20E NMPM COLFAX County

10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8181' (GR)
--

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: COMPLETION <input checked="" type="checkbox"/>

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.

08/01/03 Patterson ran cement bond log. Cement Top estimated at 896'.
08/02/03 HES mixed and pump 85 sx Midcon II, 13#, 2.04 yield cement with 6% salt, 5#/sk gilsonite, 2#/sk granulate, .2% versaset, .2% super CBL. and .25#/sk floccle down 1" tubing. Circulated 1 bbl of cement to surface.
08/06/03 HES ran cement bond log. TOC at surface.
08/18/03 HES perf'd 1st stage: 2232'-2236' 3 SPF 7 Holes
HES frac'd 1st stage: Pumped fracture treatment with 70,850 lbs of 20/40 Ottawa/TLC sand at 13.8 bpm, ATP 3,989 psi, Final ISIP 2078 psi.
HES perf'd 2nd stage: 1727'-1729', 1731'-1733' 3 SPF 10 Holes
HES frac'd 2nd stage: Pumped fracture treatment with 20,030 lbs of 20/40 Ottawa/TLC sand at 8.2 bpm, ATP 3,231 psi, Final ISIP 2,998 psi.
HES perf'd 3rd stage: 1224'-1226' 3 SPF 5 Holes
HES frac'd 3rd stage: Pumped fracture treatment with 20,320 lbs of 20/40 Ottawa/TLC sand at 9.5 bpm, ATP 1,969 psi, Final ISIP 526 psi.
HES perf'd 4th stage: 1172'-1174', 1178'-1180' 3 SPF 10 Holes
HES frac'd 4th stage: Pumped fracture treatment with 20,450 lbs of 20/40 Ottawa/TLC sand at 9.3 bpm, ATP 3,009 psi, Final ISIP 2,150 psi.
08/19/03 HES perf'd 5th stage: 1083'-1085', 1088'-1090' 3 SPF 10 Holes
HES frac'd 5th stage: Pumped fracture treatment with 20,280 lbs of 20/40 Ottawa/TLC sand at 9.6 bpm, ATP 1,755 psi, Final ISIP 449 psi.
HES perf'd 6th stage: 1034'-1036' 3 SPF 5 Holes
HES frac'd 6th stage: Pumped fracture treatment with 10,190 lbs of 20/40 Ottawa/TLC sand at 7.8 bpm, ATP 1,957 psi, Final ISIP 739 psi.
HES perf'd 7th stage: 977'-979' 3 SPF 5 Holes
HES frac'd 7th stage: Pumped fracture treatment with 11,860 lbs of 20/40 Ottawa/TLC sand at 7.6 bpm, ATP 3,139 psi, Final ISIP 3,581 psi.
08/20/03 Installed rods, tubing, and pump. Well is ready to be tested and placed on production.

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

SIGNATURE Shirley Mitchell TITLE Senior Specialist DATE 09/05/03
Type or print name: Shirley A. Mitchell Telephone No.: (505) 445-6785
(This space for State use)
APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 9/11/03
Conditions of approval, if any: