| Submit 3 Copies To Appropriate District                                                                                                                                                                                                                                           | C4 - 4 C3                              | .T N. 4     | •              |                  | E 0.102                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------|----------------|------------------|--------------------------------------|
| Office                                                                                                                                                                                                                                                                            | State of New Mexico                    |             |                |                  | Form C-103<br>Revised March 25, 1999 |
| District 1<br>1625 N. French Dr., Hobbs, NM 87240                                                                                                                                                                                                                                 | Energy, Minerals and Natural Resources |             |                | WELL API NO.     |                                      |
| District II                                                                                                                                                                                                                                                                       | •                                      |             |                | 30-007-20388     |                                      |
| 811 South First, Artesia, NM 87210                                                                                                                                                                                                                                                |                                        |             |                | 5. Indicate Type |                                      |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                                                                                                       | 1220 South St Francis                  |             |                | STATE [          | FEE 🕮                                |
| District IV                                                                                                                                                                                                                                                                       | Santa Fe, NM 8/303                     |             |                | 6. State Oil & C | Sas Lease No.                        |
| 1220 South St Francis, Santa Fe, NM<br>87505                                                                                                                                                                                                                                      |                                        |             |                |                  |                                      |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                               |                                        |             |                | 7. Lease Name or | r 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 PROPOSALS.)                                                                                                                                                                                               |                                        |             |                | 1                | VPR D                                |
| 1. Type of Well:                                                                                                                                                                                                                                                                  |                                        |             |                |                  |                                      |
| Oil Well Gas Well Other COALBED METHANE                                                                                                                                                                                                                                           |                                        |             |                |                  |                                      |
| 2. Name of Operator EL PASO ENERGY RATON, L.L.C.                                                                                                                                                                                                                                  |                                        |             |                | 8. Well No. 1    | .01                                  |
| 3. Address of Operator                                                                                                                                                                                                                                                            |                                        |             |                | 9. Pool name or  | Wildcat                              |
| P.O. BOX 190 RATON, NM 87740                                                                                                                                                                                                                                                      |                                        |             |                | ) Tool name of   | The market                           |
| 4. Well Location                                                                                                                                                                                                                                                                  |                                        |             |                |                  |                                      |
| Unit Letter M: 300 feet from the South line and 1062 feet from the West line                                                                                                                                                                                                      |                                        |             |                |                  |                                      |
| Offit Letter W . 500 feet from the South line and 1002 feet from the west line                                                                                                                                                                                                    |                                        |             |                |                  |                                      |
| Section 2 Township 30N Range 17E NMPM COLFAX County                                                                                                                                                                                                                               |                                        |             |                |                  |                                      |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                                                                                                |                                        |             |                |                  |                                      |
| 8256' (GR)                                                                                                                                                                                                                                                                        |                                        |             |                |                  |                                      |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                                                                                                                      |                                        |             |                |                  |                                      |
| NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                    |                                        |             |                |                  |                                      |
| PERFORM REMEDIAL WORK                                                                                                                                                                                                                                                             | PLUG AND ABANDON                       |             | REMEDIAL WOR   | K 🗀              | ALTERING CASING                      |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                               |                                        |             | COMMENCE DRI   | LLING OPNS. 🔲    | PLUG AND                             |
| PULL OR ALTER CASING                                                                                                                                                                                                                                                              | MULTIPLE                               | г           | CASING TEST AN | ND [7]           | ABANDONMENT -                        |
| T SEE ON METER OMORING                                                                                                                                                                                                                                                            | COMPLETION                             |             | CEMENT JOB     | ""               |                                      |
| OTHER:                                                                                                                                                                                                                                                                            |                                        | $\Box$      | OTHER:         | C                | OMPLETION ==                         |
|                                                                                                                                                                                                                                                                                   | rations (Clearly state all n           | artinont do |                |                  |                                      |
| 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. |                                        |             |                |                  |                                      |
| propries (17)/ 2—1100 <b>—</b> 1101—1101—1101—1101—1101—1101—11                                                                                                                                                                                                                   |                                        |             |                |                  |                                      |
| 05/23/03 HES ran Cement Bond Log. TOC at surface. 07/16/03 HES perf'd 1 <sup>st</sup> stage: 1712'-1715', 1718'-1720' 13 Holes                                                                                                                                                    |                                        |             |                |                  |                                      |
| HES frac'd 1stage: Pumped 70% quality nitrogen foam with 50,140 lbs of 20/40 Ottawa/TLC sand at 19.4 bpm, 3,593 psi, Final ISIP 1,831 psi.                                                                                                                                        |                                        |             |                |                  |                                      |
| HES perf'd 2 <sup>nd</sup> stage: 1635'- 1637' 5 Holes HES frac'd 2 <sup>nd</sup> stage: Pumped 70% quality nitrogen foam with 19,840 lbs of 20/40 Ottawa/TLC sand at 10 bpm, 3,692 psi, Final ISIP 1,824 psi.                                                                    |                                        |             |                |                  |                                      |
| HES perf'd 3 <sup>rd</sup> stage: 1618'-1637' 5 Holes                                                                                                                                                                                                                             |                                        |             |                |                  |                                      |
| HES frac'd 3 <sup>rd</sup> stage: Pumped 70% quality nitrogen foam with 112,300 lbs of 20/40 Ottawa/TLC sand at 9.4 bpm, 4,112 psi, Final ISIP 3,682 psi.                                                                                                                         |                                        |             |                |                  |                                      |
| HES perf d 4th stage: 1557'-1559', 1566'-1568' 10 Holes<br>HES frac'd 4th stage: Pumped 70% quality nitrogen foam with 20,290 lbs of 20/40 Ottawa/TLC sand at 5.8 bpm, 4,354 psi.                                                                                                 |                                        |             |                |                  |                                      |
| HES perf'd 5 <sup>th</sup> stage: 1490'-1492', 1499'-1502' 13 Holes                                                                                                                                                                                                               |                                        |             |                |                  |                                      |
| HES frac'd 5 <sup>th</sup> stage: Pumped 70% quality nitrogen foam with 26,660 lbs of 20/40 Ottawa/TLC sand at 11.3 bpm, 4,421 psi. 07/19/03 Installed rods, tubing, 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 Shirty A Mitchell TITLE Field Adm Specialist DATE 07/31/03                                                                                                                                                                                                              |                                        |             |                |                  |                                      |
| Type or print name: Shiftey A, Mitchell Telephone No.: (505) 445-6785                                                                                                                                                                                                             |                                        |             |                |                  |                                      |
| (This space for State use)                                                                                                                                                                                                                                                        |                                        |             |                | -                |                                      |
| APPPROVED BY THE DISTRICT SUPERVISOR DATE 8/15/03                                                                                                                                                                                                                                 |                                        |             |                |                  |                                      |
| Conditions of approval, iflany:                                                                                                                                                                                                                                                   |                                        |             |                |                  |                                      |
|                                                                                                                                                                                                                                                                                   |                                        |             |                |                  |                                      |