Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District !!	OH CONCEDUATION DIVISION		30-007-20431
811 South First, Artesia, NM 87210 District III	OIL CONSERVATION DIVISION 1220 South St Francis		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE
District IV 1220 South St Francis, Santa Fe, NM 87505			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			7. Lease Name or Unit Agreement Name: VPR D
PROPOSALS.) 1. Type of Well: Other COALDED METHANE			
Oil Well Gas Well Other COALBED METHANE 2. Name of Operator		8. Well No. 116	
EL PASO ENERGY RATON, L.L.C.			
3. Address of Operator		9. Pool name or Wildcat	
P.O. BOX 190 RATON, NM 87740 4. Well Location			
4. Well Docation			
Unit Letter O: 860 feet from the South line and 1910 feet from the East line			
Section 7 Township 30N Range 19E NMPM COLFAX County			
	10. Elevation (Show whether D.		
7540' (GR) 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲	REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ABANDONMENT U
OTHER:		OTHER:	COMPLETION
			nt dates, including estimated date of starting any
proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.			
12/13/03 HES ran Cement Bond Log. Estimated Cement Top at surface. 12/17/03 HES perf'd 1st stage: HES frac'd 1st stage: HES frac'd 2nd stage: HES frac'd 2nd stage: HES frac'd 3nd stage: HES frac'd 3nd stage: HES frac'd 3nd stage: HES frac'd 4nd stage: HES frac'd 4nd stage: HES frac'd 4nd stage: HES frac'd 4nd stage: HES frac'd 5nd stage: HES frac'd			
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 02/06/04 Type or print name: Shirley A. Mitchell Telephone No.: (505) 445-6785 (This space for State use)			
APPPROVED BY TITLE DISTRICT SUPERVISOR DATE 2/20/04 Conditions of approval, if any:			