

1001 Form C-103 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. 30-007-20145	
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 D	
8. Well No. 12	
9. Pool name or Wildcat	
4. Well Location Unit O : 885 feet from the South line and 1852 feet from the East line Section 5 Township 30N Range 18E NMPM Colfax County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 8334' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: ReFrac Completed <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.

02/05/04 Re-perforate upper Vermejo interval 1,555'- 1,562' 4 spf 28 Holes (7' Coal).
Re-stimulate with 366 mcf 70Q N2 Foam and 61,100 lbs 20/40 Ottawa sand, ISIP 685 psi.
02/09/04 Run production equipment. Ready to be placed back 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 02/16/04

Type or print name Shirley A. Mitchell Telephone No. (505) 445-6785
(This space for State use)

APPROVED BY [Signature] TITLE DISTRICT SUPERVISOR DATE 2/25/04
Conditions of approval, if any: