Submit 3 Copies To Appropriate District Office	State of New Me		F01111 C-1003			
District 1 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.		٦	
District II	OIL CONSERVATION DIVISION			30-007-20453		
811 South First, Artesia, NM 87210 District III	1220 South St Frances		5. Indicate Type			
1000 Rio Brazos Rd., Aztec, NM 874	Lisente Fe, NM 87105		6. State Oil & Gas Lease No.		4	
1220 South St Francis, Santa Fe, NM	ECEIVEL		6. State Oli & C	ras Lease No.		
	SUNDRY NOTICES AND BEPORTS ON WELLS NOT USE THIS FORM FOR PROPOSALS TO DATAL OF TO DEPEN OR PLUG BACK TO A FERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		<ol> <li>Lease Name or Unit Agreement Name:</li> <li>VPR A</li> </ol>			
DIFFERENT RESERVOIR. USE "APPLIC						
PROPOSALS.) 1. Type of Well:				VIKA		
Oil Well Gas Well Gas Well					_	
2. Name of Operator EL PASO ENERGY RATON, L.L.C.			8. Well No.	150		
3. Address of Operator			9. Pool name or Wildcat		1	
P.O. Box 190, Raton, NM 87740			L		_	
4. Well Location					ļ	
Unit Letter <u>L</u> :	1575 feet from the South	line and1066	feet from the	West line		
Section 25 Townsh	ip 32N Range 19E	NMPM C	Colfax County			
	10. Elevation (Show whether D	R, RKB, RT, GR, etc				
	8182' ((					
	ppropriate Box to Indicate N					
		REMEDIAL WORK	SEQUENT RE	ALTERING CASING	]	
	CHANGE PLANS		LLING OPNS. 🎆	PLUG AND	]	
PULL OR ALTER CASING		CASING TEST AN CEMENT JOB	ND 🗖			
OTHER:		OTHER:			]	
<ol> <li>Describe proposed or complete of starting any proposed work) or recompilation.</li> </ol>	ed operations. (Clearly state all pe . SEE RULE 1103. For Multiple (				-	
)2/24/04 Spud in @ 11:45 pm Dri	II 11" surface hole to 370'. Ran 8 imped 100 sks Midcon II PP, 14 p					
	et, and 25# flocele per sack. Circu					
Test surface casing to 500	) psi for 30 min.					
	' - 2665'. Reached TD at 2665'. J-55 LT &C casing to 2637'. Ha					
	sks Midcon II, 13.0 ppg, yield 2.0			pro nusii ut		
	and .1% Super CBL. No cement to					
hereby certify that the information	above is true and complete to the	best of my knowled	ge and belief			
	1	best of my knowledg	ge und benef.			
SIGNATURE Shirley	<u>ritchell</u> _TITLE_	Senior Specialis		E <u>02/27/04</u>		
Type or print name Shiptey A. I	Mitchell Tele	ephone No. (505) 44	45-6785			
(This space for State use)						
APPPROVED BY	John TITLE	DISTRICT SU	<b>JPERVISOR</b>	DATE 3/2/04		
$\int \int $	John TITLE I	DISTRICT SU	JPERVISOR	DATE 3/2/04		
APPPROVED BY 5	John TITLE I	DISTRICT SU	JPERVISOR	DATE 3/2/04		
APPPROVED BY 52	John TITLE I	DISTRICT SU	JPERVISOR	DATE 3/2/04		