output of Copies to repropries District	State of New Mexico	TOIM C-103
Office District I	Energy, Minerals and Natural Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240		WELL API NO.
District II	OIL CONSERVATION DIVISION	30-007-20487
811 South First, Artesia, NM 87210	1220 South St Frances	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St Frances	STATE 🖵 FEE 🗰
District IV	Santa Fe, NM 87505 8 2304	6. State Oil & Gas Lease No.
1220 South St Francis, Santa Fe, NM		o. State on the State Education
87505	TO AND DEPONTS ON STOLE STATE OF THE STATE O	ACTION TO ALL TYPE
SUNDRY NOTICE	S AND REPORTS ON WELLS AND REPORTS ON WELLS AND BACK TO'A	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR LISE "APPLICAT	TION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	TOTAL OR LEAST (LOUGH C-101) LOUG SOCIA	VPR A
1. Type of Well:		
Oil Well Gas Well	Other X Coalbed Methane	
2. Name of Operator		8. Well No. 143
	ERGY RATON, L.L.C.	
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 190	, Raton, NM 87740	
4. Well Location	,	
Unit Letter O: 709 feet from the South line and 1405 feet from the East line		
Section 29 Township	32N Range 19E NMPI	M Colfax County
	0. Elevation (Show whether DR, RKB, RT, GR	
	8525' (GL)	, 610.)
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTE		UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🔲 🛭 F	PLUG AND ABANDON 🔲 REMEDIAL W	ORK
TEMPORARILY ABANDON	CHANGE PLANS   COMMENCE	DRILLING OPNS. PLUG AND
TEMPORARILT ABANDON	CHANGE PLANS COMMENCE	ABANDONMENT
PULL OR ALTER CASING    N	MULTIPLE   CASING TES	
	COMPLETION CEMENT JOE	
		_
OTHER:	☐ OTHER:	
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.		
or recomplianess.		
03/13/04 Spud in @ 1:30 n m Drill	11" surface hole to 370' Ran 8 its of 8 5/8"	I-55 24 nmf ST&C casing to 364' -
03/13/04 Spud in @ 1:30 p.m. Drill 11" surface hole to 370'. Ran 8 jts of 8 5/8", J-55, 24 ppf ST&C casing to 364'. — Halliburton mixed and pumped 100 sks Midcon II PP, 14 ppg, yield 1.66 at 3 bpm with 110 psi with 6% salt,		
.3% gilsonite, .3% versaset, and 25# flocele per sack. Circulated 5 bbls of cement to surface. WOC 8 hrs.		
Test surface casing to 500 psi for 30 min.		
03/14/04 Drill 7 7/8" hole f/ 370' - 2695'. Reached TD at 2695'. MIRU Schlumberger & log well. Logger TD at 2666'.		
Ran 59 jts of 5 ½", 17#, J-55 LT &C casing to 2636". Halliburton mixed and pump		
50 bbls gel pre flush at 4 bpm at 25 psi, 370 sks Midcon II, 13.0 ppg, yield 2.04, 3% versaset, 5#/sx gilsonite,		
		Sirgulated 24 bbls of compart to surface
Č .	1.1% Super CBL. Plug bumped w/ 1300 psi. C	Circulated 34 bbls of cement to surface.
2#/sk granulite, 6% salt and Well shut in.		Circulated 34 bbls of cement to surface.
Well shut in.	1.1% Super CBL. Plug bumped w/ 1300 psi. C	
Well shut in.		
Well shut in.  I hereby certify that the information ab	1.1% Super CBL. Plug bumped w/ 1300 psi. Cove is true and complete to the best of my known	vledge and belief.
Well shut in.  I hereby certify that the information ab SIGNATURE Shurkey	oove is true and complete to the best of my know	vledge and belief.  ialist DATE 03/17/04
Well shut in.  I hereby certify that the information at SIGNATURE  Type or print name  Shirley A Min	oove is true and complete to the best of my know	vledge and belief.  ialist DATE 03/17/04
Well shut in.  I hereby certify that the information ab SIGNATURE Shurkey	oove is true and complete to the best of my know	vledge and belief.  ialist DATE 03/17/04
Well shut in.  I hereby certify that the information at SIGNATURE  Type or print name  Shirley A Min  (This space for State use)	oove is true and complete to the best of my known true.  TITLE Senior Spectichel Telephone No. (50)	vledge and belief.  ialist DATE 03/17/04  5) 445-6785
Well shut in.  I hereby certify that the information at SIGNATURE  Type or print name  Shirley A Min  (This space for State use)  APPPROVED BY	oove is true and complete to the best of my know	vledge and belief.  ialist DATE 03/17/04  5) 445-6785
Well shut in.  I hereby certify that the information at SIGNATURE  Type or print name  Shirley A Min  (This space for State use)	oove is true and complete to the best of my known true.  TITLE Senior Spectichel Telephone No. (50)	vledge and belief.  ialist DATE 03/17/04  5) 445-6785