


FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table>	DE	ET	OE	ES				
DE	ET	OE	ES								
COMPLETED INTERVAL REPORT			Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2511147</div>								
<p>The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.</p>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">1. OGCC Operator Number: <u>100872</u></td> <td style="width: 50%;">4. Contact Name: <u>MARIA S. GOMEZ</u></td> </tr> <tr> <td>2. Name of Operator: <u>EL PASO E & P COMPANY LP</u></td> <td>Phone: <u>(713) 420-5038</u></td> </tr> <tr> <td>3. Address: <u>1001 LOUISIANA ST</u></td> <td>Fax: <u>(713) 445-8554</u></td> </tr> <tr> <td>City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u></td> <td></td> </tr> </table>				1. OGCC Operator Number: <u>100872</u>	4. Contact Name: <u>MARIA S. GOMEZ</u>	2. Name of Operator: <u>EL PASO E & P COMPANY LP</u>	Phone: <u>(713) 420-5038</u>	3. Address: <u>1001 LOUISIANA ST</u>	Fax: <u>(713) 445-8554</u>	City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>	
1. OGCC Operator Number: <u>100872</u>	4. Contact Name: <u>MARIA S. GOMEZ</u>										
2. Name of Operator: <u>EL PASO E & P COMPANY LP</u>	Phone: <u>(713) 420-5038</u>										
3. Address: <u>1001 LOUISIANA ST</u>	Fax: <u>(713) 445-8554</u>										
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>											
<table style="width: 100%;"> <tr> <td style="width: 50%;">5. API Number <u>05-071-06971-00</u></td> <td style="width: 50%;">6. County: <u>LAS ANIMAS</u></td> </tr> <tr> <td>7. Well Name: <u>VPR C</u></td> <td>Well Number: <u>38</u></td> </tr> <tr> <td>8. Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>34S</u> Range: <u>66W</u> Meridian: <u>6</u></td> <td></td> </tr> <tr> <td>9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u></td> <td></td> </tr> </table>				5. API Number <u>05-071-06971-00</u>	6. County: <u>LAS ANIMAS</u>	7. Well Name: <u>VPR C</u>	Well Number: <u>38</u>	8. Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>34S</u> Range: <u>66W</u> Meridian: <u>6</u>		9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>	
5. API Number <u>05-071-06971-00</u>	6. County: <u>LAS ANIMAS</u>										
7. Well Name: <u>VPR C</u>	Well Number: <u>38</u>										
8. Location: QtrQtr: <u>NWSW</u> Section: <u>34</u> Township: <u>34S</u> Range: <u>66W</u> Meridian: <u>6</u>											
9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>											
Completed Interval											
<table style="width: 100%;"> <tr> <td style="width: 60%;">FORMATION: <u>RATON-VERMEJO COALS</u></td> <td style="width: 40%;">Status: <u>PRODUCING</u></td> </tr> </table>				FORMATION: <u>RATON-VERMEJO COALS</u>	Status: <u>PRODUCING</u>						
FORMATION: <u>RATON-VERMEJO COALS</u>	Status: <u>PRODUCING</u>										
<table style="width: 100%;"> <tr> <td style="width: 50%;">Treatment Date: _____</td> <td style="width: 50%;">Date of First Production this formation: _____</td> </tr> </table>				Treatment Date: _____	Date of First Production this formation: _____						
Treatment Date: _____	Date of First Production this formation: _____										
<table style="width: 100%;"> <tr> <td style="width: 25%;">Perforations</td> <td style="width: 25%;">Top: <u>1300</u></td> <td style="width: 25%;">Bottom: <u>2130</u></td> <td style="width: 25%;">No. Holes: <u>184</u></td> <td style="width: 20%;">Hole size: <u>46/100</u></td> </tr> </table>				Perforations	Top: <u>1300</u>	Bottom: <u>2130</u>	No. Holes: <u>184</u>	Hole size: <u>46/100</u>			
Perforations	Top: <u>1300</u>	Bottom: <u>2130</u>	No. Holes: <u>184</u>	Hole size: <u>46/100</u>							
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>											
ADDED ADDITIONAL PERFORATIONS TO CURRENT PRODUCING COMMINGLED FORMATIONS. THE PREVIOUS TOP WAS 1494' AND NOW IS 1300'.											
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Test Information:											
<table style="width: 100%;"> <tr> <td>Date: <u>09/09/2010</u></td> <td>Hours: <u>24</u></td> <td>Bbls oil: <u>0</u></td> <td>Mcf Gas: <u>53</u></td> <td>Bbls H2O: <u>182</u></td> </tr> </table>				Date: <u>09/09/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>53</u>	Bbls H2O: <u>182</u>			
Date: <u>09/09/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>53</u>	Bbls H2O: <u>182</u>							
<table style="width: 100%;"> <tr> <td>Calculated 24 hour rate:</td> <td>Bbls oil: <u>0</u></td> <td>Mcf Gas: <u>53</u></td> <td>Bbls H2O: <u>182</u></td> <td>GOR: <u>0</u></td> </tr> </table>				Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>53</u>	Bbls H2O: <u>182</u>	GOR: <u>0</u>			
Calculated 24 hour rate:	Bbls oil: <u>0</u>	Mcf Gas: <u>53</u>	Bbls H2O: <u>182</u>	GOR: <u>0</u>							
<table style="width: 100%;"> <tr> <td>Test Method: <u>PRODUCTION</u></td> <td>Casing PSI: <u>8</u></td> <td>Tubing PSI: <u>70</u></td> <td>Choke Size: <u>36/64</u></td> </tr> </table>				Test Method: <u>PRODUCTION</u>	Casing PSI: <u>8</u>	Tubing PSI: <u>70</u>	Choke Size: <u>36/64</u>				
Test Method: <u>PRODUCTION</u>	Casing PSI: <u>8</u>	Tubing PSI: <u>70</u>	Choke Size: <u>36/64</u>								
<table style="width: 100%;"> <tr> <td>Gas Disposition: <u>SOLD</u></td> <td>Gas Type: <u>COAL GAS</u></td> <td>BTU Gas: <u>998</u></td> <td>API Gravity Oil: <u>0</u></td> </tr> </table>				Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>998</u>	API Gravity Oil: <u>0</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u>998</u>	API Gravity Oil: <u>0</u>								
<table style="width: 100%;"> <tr> <td>Tubing Size: <u>2 + 7/8</u></td> <td>Tubing Setting Depth: <u>2149</u></td> <td>Tbg setting date: <u>07/28/2010</u></td> <td>Packer Depth: _____</td> </tr> </table>				Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2149</u>	Tbg setting date: <u>07/28/2010</u>	Packer Depth: _____				
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>2149</u>	Tbg setting date: <u>07/28/2010</u>	Packer Depth: _____								
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____											
Bridge Plug Depth: _____ Sacks cement on top: _____											
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: MARIA S. GOMEZ

Title: SR. REGULATORY Date: 7/29/2010 Email MARIA.GOMEZ@ELPASO.COM
:

Attachment Check List

Att Doc Num	Name
2511147	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req test info	3/22/2011 12:58:25 PM

Total: 1 comment(s)