

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="text-align: center; font-size: 1.2em;">2511151</div>				
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.							

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>	

5. API Number <u>05-071-07664-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>VPR C</u>	Well Number: <u>50</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>2</u> Township: <u>35S</u> Range: <u>66W</u> Meridian: <u>6</u>	
9. Field Name: <u>PURGATOIRE RIVER</u> Field Code: <u>70830</u>	

Completed Interval

FORMATION: <u>RATON-VERMEJO COALS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/19/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>965</u> Bottom: <u>1929</u> No. Holes: <u>110</u> Hole size: <u>51/100</u>	
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
ADDED ONE FOOT TO THE PERFS. THE BOTTOM OF PERFS WAS 1928' AND NOW 1929'.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>10/19/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>80</u> Bbls H2O: <u>161</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>80</u> Bbls H2O: <u>161</u> GOR: <u>0</u>	
Test Method: <u>PRODUCTION</u> Casing PSI: <u>14</u> Tubing PSI: <u>110</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>998</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>2011</u> Tbg setting date: <u>07/27/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
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: _____

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

<u>Att Doc Num</u>	<u>Name</u>
2511151	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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