


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> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2071843</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<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>							
1. OGCC Operator Number: <u>100872</u>		4. Contact Name: <u>MARIA GOMEZ</u>					
2. Name of Operator: <u>EL PASO E & P COMPANY LP</u>		Phone: <u>(713) 4205038</u>					
3. Address: <u>1001 LOUISIANA ST</u>		Fax: <u>(713) 4458554</u>					
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77002</u>					
5. API Number <u>05-071-07796-00</u>		6. County: <u>LAS ANIMAS</u>					
7. Well Name: <u>VPR C</u>		Well Number: <u>117</u>					
8. Location: QtrQtr: <u>NENW</u>	Section: <u>18</u>	Township: <u>35S</u>	Range: <u>65W</u> Meridian: <u>6</u>				
9. Field Name: <u>PURGATOIRE RIVER</u>		Field Code: <u>70830</u>					
<u>Completed Interval</u>							
FORMATION: <u>RATON-VERMEJO COALS</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>09/17/2010</u>		Date of First Production this formation: _____					
Perforations Top: <u>1252</u>	Bottom: <u>1307</u>	No. Holes: <u>30</u>	Hole size: <u>45/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
PERF'D 1252-1255 & 1304-1307, 1513-1519, 1526-1529, 1582-1588', 1590'-1592' & 1610'-1616' 09/16/10 1610'-1616' 300 GAL OF ACID 7.5% HCL, 1582'-1588' & 1590-1592 300 GAL ACID 7.5% HCL 1526-1529 300 GALL OF ACID 7.5% HCL 1513-1519 300 GAL OF ACID 7.5% HCL 9/17/10 1526-1529 50 GAL OF ACID 15% HCL 1252-1255 150 AK IF ACUD 7.5% HCL							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>10/23/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>28</u> Bbls H2O: <u>70</u>				
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>28</u> Bbls H2O: <u>70</u> GOR: <u>0</u>				
Test Method: <u>production</u>	Casing PSI: <u>14</u>	Tubing PSI: <u>300</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>1684</u>	Tbg setting date: <u>09/19/2010</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: _____					

FORMATION: <u>RATON COAL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/17/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>1252</u>	Bottom: <u>1307</u>	No. Holes: <u>30</u> Hole size: <u>45/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
PERF'D 1252-1255 & 1304-1307- 9/16/10 1303'-1307' 200 GAL ACID 7.5% GCK 9/17/10 1252'-1255' 150 GAK IF ACUD 7.5% HCL *6 PREVIOUS HOLES PLUS 24 HOLES THIS PERF = 30 HOLES.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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: _____	

FORMATION: <u>VERMEJO COAL</u>		Status: <u>COMMINGLED</u>	
Treatment Date: <u>09/17/2010</u>		Date of First Production this formation: _____	
Perforations	Top: <u>1513</u>	Bottom: <u>1616</u>	No. Holes: <u>107</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
PERF'D 1513-1519', 1526-1529, 1582-1588', 1590-1592' & 1610'-1616' 9/16/10 1610'-1616' 300 GAL OF ACID 7.5% HCL, 1582'-1588' & 1590'-1592' 300 GAL 7.5% HCL 1526-1529 300 GAL OF ACID 7.5% HCL. 1513-1519 300 GAL OF ACID 7.5% HCL, 9/17/10 1526-1529 50 GAL OF ACID 15% HCL, * 15 PREVIOUS HOLES PLUS 92 HOLES THIS PERF = 107 HOLES.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: _____	Gas Type: _____	BTU Gas: _____	API Gravity Oil: _____
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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:

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

Signed: _____ Print Name: MARIA GOMEZ

Title: SR. REGULATORY ANALYST Date: 10/12/2010 Email MARIA.GOMEZ@ELPASO.COM
:

Attachment Check List

Att Doc Num	Name
2071843	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req test data	3/22/2011 1:07:10 PM

Total: 1 comment(s)