

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

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: 26685 2. Name of Operator: EL PASO ENERGY RATON COPORATION 3. Address: P O BOX 190 ATTN: MACK D City: RATON State: NM Zip: 87740 4. Contact Name: MARIA GOMEZ Phone: (505) 445-6726 Fax: (505) 445-6788 Email:

5. API Number 05-071-06820-00 6. County: LAS ANIMAS 7. Well Name: VPR C Well Number: 12 8. Location: QtrQtr: SENW Section: 9 Township: 35S Range: 66W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type: Treatment Date: 01/18/2010 End Date: Date of First Production this formation: 06/23/2005 Perforations Top: 1036 Bottom: 2000 No. Holes: Hole size: Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Min frac gradient (psi/ft): Total acid used in treatment (bbl): Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/18/2010 Hours: 24 Bbl oil: Mcf Gas: 24 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 24 Bbl H2O: 0 GOR: Test Method: METERED Casing PSI: 9 Tubing PSI: 70 Choke Size: 5 + 2/10 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1005 API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth: Reason for Non-Production: Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt ** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

PAPERWORK CORRECTION

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

Signed: Y

Print Name: MARIA GOMEZ

Title: SR REG ANALYST

Date: 1/29/2010

Email: MARIA.GOMEZ@ELPASO.COM

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Attachment Check List

Att Doc Num **Name**

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Total Attach: 0 Files

General Comments

User Group **Comment**

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)