

FORM  
5A

Rev  
06/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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02/01/2010

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: ☐ Yes ☒ No  
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**

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		Stamp Upon Approval
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