

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: 100872 2. Name of Operator: EL PASO E & P COMPANY LP 3. Address: 1001 LOUISIANA ST ATTN: HOUSTON TX Zip: 77002 4. Contact Name: MARIA GOMEZ Phone: (713) 420-2131

5. API Number 05-071-08769-00 6. County: LAS ANIMAS 7. Well Name: VPR C Well Number: 125 8. Location: QtrQtr: SWNE Section: 13 Township: 35S Range: 67W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: RATON-VERMEJO COALS Status: PRODUCING Treatment Type:

Treatment Date: 05/11/2006 End Date: Date of First Production this formation: 06/14/2006

Perforations Top: 739 Bottom: 2155 No. Holes: 156 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole: []

1,147,181 SCF 70Q NITROGEN W/21 CP LINEAR GEL FOAM W/ 179,100# 16/30

This formation is commingled with another formation: [] Yes [X] 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: 06/14/2006 Hours: 24 Bbl oil: 0 Mcf Gas: 43 Bbl H2O: 213 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 43 Bbl H2O: 213 GOR: 0 Test Method: PRODUCTION Casing PSI: 50 Tubing PSI: 470 Choke Size: 10/64 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1002 API Gravity Oil: Tubing Size: 2 + 7/8 Tubing Setting Depth: 2333 Tbg setting date: 05/20/2006 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:

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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: 3/4/2010

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

		Stamp Upon Approval
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Total: 0 comment(s)