

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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Document Number:

1948629

Date Received:

03/05/2010

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

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 ☒ 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

| <u>Att Doc Num</u> | <u>Name</u> |
|--------------------|-------------|
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Total Attach: 0 Files

General Comments

| <u>User Group</u> | <u>Comment</u> |
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| <u>Comment Date</u> |
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Total: 0 comment(s)