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OGCC

COMPLETED INTER

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the Attachment Checklist

1. OGCC Operator Number: 17780	4. Contact Name and Telephone: Katy Dow	<table><tr><td>Wellbore Diagram</td><td>Oper</td><td>OGCC</td></tr><tr><td>Site Facility Diagram</td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Wellbore Diagram	Oper	OGCC	Site Facility Diagram								
Wellbore Diagram	Oper		OGCC											
Site Facility Diagram														
2. Name of Operator: El Paso Production	No: 435) 781-7022													
3. Address: P.O. Box 1148	Fax: 435) 781-7094													
City: Vernal State: UT Zip: 84078														
5. API Number: 05-103-10131	6. County: Rio Blanco	List in order of completion:												
7. Well Name: Figure Four Ranch	Well Number: #8001X													
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW/SE Sec.10,T4S,R99W 6th P.M.														

FORMATION: Mancos B	<input type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input checked="" type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 7550'	Bottom 7560'	No. Holes: Size: Open Hole Completion (check if yes) <input checked="" type="checkbox"/>
Formation Treatment Describe: Stage 3 - Frac w/ 40 Q C02 WF 135 Fluid and 55 Ton C02 and 87,308# 20/40 Mesh PR 6000 SD.		

Test Information Date: N/A	Hours:	Bbls Oil:	MCF Gas:	Bbls H2O:
Production Test Method: Flow Test	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO2 <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	Gas Disposition:	
Calculated 24 Hr. Rate Bbls Oil:	MCF Gas:	Bbls H2O:	GOR:	
Production Method: Shut-In				
Tubing Size: 2 3/8"	Setting Depth: 5624.19'	Packer Depth:		
Reason for Non-Production: Shut-in for further evaluation. Well not hooked up to pipeline.				
Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:		
Bridge Plug Depth:	Sacks Cement on Top:			

FORMATION: Sego	<input type="checkbox"/> Producing <input type="checkbox"/> Abandoned <input checked="" type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled	
Perforations Gross Interval: Top 6673'	Bottom 6683'	No. Holes: 60 Size: 6 SPF	Open Hole Completion (check if yes) <input checked="" type="checkbox"/>
Formation Treatment Describe: Stage 4 - Frac w/ WF 140 60Q C02 and 101,280# 20/40 SD and 108 Ton C02.			

Test Information Date: N/A	Hours:	Bbls Oil:	MCF Gas:	Bbls H2O:
Production Test Method: Flow Test	Casing Pressure:	Flowing Tubing Pressure:	Choke Size:	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO2 <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	Gas Disposition:	
Calculated 24 Hr. Rate Bbls Oil:	MCF Gas:	Bbls H2O:	GOR:	
Production Method: Shut-In				
Tubing Size: 2 3/8"	Setting Depth: 5624.19'	Packer Depth:		
Reason for Non-Production: Shut-in for further evaluation. Well was not hooked up to pipeline.				
Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:		
Bridge Plug Depth:	Sacks Cement on Top:			

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

Print Name: Katy Dow
Signed: [Signature] Title: Regulatory Analyst Date: 01/09/02