


FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">2591098</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>100872</u>		4. Contact Name: <u>MARIA GOMEZ</u>					
2. Name of Operator: <u>EL PASO E & P COMPANY LP</u>		Phone: <u>(713) 420-5038</u>					
3. Address: <u>1001 LOUISIANA ST</u>		Fax: <u>(713) 445-8554</u>					
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</u>							
5. API Number <u>05-071-07734-00</u>		6. County: <u>LAS ANIMAS</u>					
7. Well Name: <u>VPR C</u>		Well Number: <u>106</u>					
8. Location: QtrQtr: <u>NENE</u> Section: <u>14</u> Township: <u>35S</u> Range: <u>66W</u> Meridian: <u>6</u>							
9. Field Name: <u>PURGATOIRE RIVER</u>		Field Code: <u>70830</u>					
<u>Completed Interval</u>							
FORMATION: <u>RATON SAND - VERMEJO COAL</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>11/05/2010</u>		Date of First Production this formation: <u>11/08/2010</u>					
Perforations Top: <u>1028</u> Bottom: <u>1991</u>		No. Holes: <u>46</u> Hole size: <u>51/100</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
ACID 1989'-1991' W/600 GALS 15% HCL, 1909'-1911' W/600 GALS 15% HCL, 1805'-1807',1809'-1811' W/200 GALS 15% HCL, 1646'-1649' W/400 GALS 15% HCL, 1211'-1213' W/200 GALS 15% HCL, 1119'-1121' W/400 GASL 15% HCL, 1028'-1031' W/300 GALS HCL *46 HOLES IS FROM PREVIOUS. NO NEW PERF'S THIS TIME							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>11/10/2010</u> Hours: <u>24</u>		Bbls oil: <u>0</u> Mcf Gas: <u>14</u> Bbls H2O: <u>49</u>					
Calculated 24 hour rate:		Bbls oil: <u>0</u> Mcf Gas: <u>14</u> Bbls H2O: <u>49</u> GOR: <u>0</u>					
Test Method: <u>PRODUCTION</u>		Casing PSI: <u>14</u> Tubing PSI: <u>160</u> Choke Size: _____					
Gas Disposition: <u>SOLD</u>		Gas Type: <u>COAL GAS</u> BTU Gas: <u>998</u> API Gravity Oil: <u>0</u>					
Tubing Size: <u>2 + 7/8</u> Tubing Setting Depth: <u>2094</u>		Tbg setting date: <u>10/01/2010</u> Packer Depth: _____					
Reason for Non-Production: _____							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____		Sacks cement on top: _____					
Comment: _____							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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

Signed: _____ Print Name: MARIA S GOMEZ

Title: SR. REGULATORY ANALYST Date: 11/5/2010 Email MARIA.GOMEZ@ELPASO.COM
:

Attachment Check List

Att Doc Num	Name
2591098	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req test info	3/22/2011 1:26:32 PM

Total: 1 comment(s)