

<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">2591098</div>				
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: <u>100872</u>	4. Contact Name: <u>MARIA GOMEZ</u>
2. Name of Operator: <u>EL PASO E &amp; 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>	

Completed Interval

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	
<b>Test Information:</b>	
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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:
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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: \_\_\_\_\_

Print Name: MARIA S GOMEZ

Title: SR. REGULATORY ANALYST

Date: 11/5/2010

Email: MARIA.GOMEZ@ELPASO.COM

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**Attachment Check List**

Att Doc Num	Name
2591098	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 1 comment(s)