

FORM
5

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



DE ET OE ES

Document Number:
2285913

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 100872 4. Contact Name: MARIA S. GOMEZ
2. Name of Operator: EL PASO E & P COMPANY LP Phone: (713) 420-5038
3. Address: 1001 LOUISIANA STREET Fax: (713) 445-8554
City: HOUSTON State: TX Zip: 77002

5. API Number 05-071-09838-00 6. County: LAS ANIMAS
7. Well Name: VPR C Well Number: 204 WDW
8. Location: QtrQtr: SESE Section: 1 Township: 35S Range: 67W Meridian: 6
Footage at surface: Distance: 1261 feet Direction: FSL Distance: 687 feet Direction: FEL
As Drilled Latitude: 37.022830 As Drilled Longitude: -104.832550

GPS Data:
Date of Measurement: 10/17/2011 PDOP Reading: 3.7 GPS Instrument Operator's Name: SCOTT WEESE

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:
** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:
Sec: Twp: Rng:

9. Field Name: PURGATOIRE RIVER 10. Field Number: 70830
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 01/08/2011 13. Date TD: 02/05/2011 14. Date Casing Set or D&A: 02/08/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6610 TVD** 17 Plug Back Total Depth MD 6596 TVD**

18. Elevations GR 7359 KB 7371
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
SPECTRAL DENSITY, DUAL SPACED NEUTRON, ARRAY COMPENSATED, TRUE RESISTIVITY LOG

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	20		0	69	48	0	69	CALC
SURF	17+1/2	13+3/8		0	562	374	0	562	CALC
1ST	12+1/4	9+5/8		0	3,384	790	0	3,384	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
RATON COAL	0	1,401	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	1,401	1,652	<input type="checkbox"/>	<input type="checkbox"/>	
TRINIDAD	1,652	1,758	<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	1,758	3,460	<input type="checkbox"/>	<input type="checkbox"/>	
SMOKY HILL	3,460	4,979	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	4,979	4,991	<input type="checkbox"/>	<input type="checkbox"/>	
BENTON	4,991	5,382	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	5,382	5,579	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	5,579	5,942	<input type="checkbox"/>	<input type="checkbox"/>	
ENTRADA	5,942	6,053	<input type="checkbox"/>	<input type="checkbox"/>	
CHINLE	6,053	6,255	<input type="checkbox"/>	<input type="checkbox"/>	
GLORIETA	6,255	6,333	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORMATION LOG INTERVALS AND TEST ZONES COMMENTS:
FORMATION NAME: YESO FM MEASURED DEPTH TOP: 6333; BOTTOM: 6610.

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: REGULATORY Date: 11/8/2011 Email: MARIA.GOMEZ@ELPASO.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2285914	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
2285913	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

User Group	Comment	Comment Date

Total: 0 comment(s)