

FORM
5
Rev
02/08

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:

1731118

Date Received:

10/30/2006

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: SHIRLEY MITCHELL
 2. Name of Operator: EL PASO E & P COMPANY LP Phone: (505) 445-6785
 3. Address: 1001 LOUISIANA STREET Fax: (505) 445-6788
 City: HOUSTON State: TX Zip: 77002

5. API Number 05-071-06818-01 6. County: LAS ANIMAS
 7. Well Name: VPR C Well Number: 8
 8. Location: QtrQtr: SENW Section: 8 Township: 35S Range: 66W Meridian: 6
 Footage at surface: Distance: 1405 feet Direction: FNL Distance: 1650 feet Direction: FWL
 As Drilled Latitude: 37.015500 As Drilled Longitude: -104.805870

GPS Data:
 Date of Measurement: 09/26/2006 PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage at Top of Prod. Zone Dist.: 1405 feet. Direction: FNL Dist.: 1650 feet. Direction: FWL
 Sec: 8 Twp: 35S Rng: 66W
 ** If directional footage at Bottom Hole Dist.: 2223 feet. Direction: FNL Dist.: 605 feet. Direction: FWL
 Sec: 8 Twp: 35S Rng: 66W

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) 08/14/2006 13. Date TD: 08/30/2006 14. Date Casing Set or D&A: _____

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

16. Total Depth MD 3092 TVD** 1933 17 Plug Back Total Depth MD 2097 TVD** _____

18. Elevations GR 7737 KB 7757 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:

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
SURF	11	8+5/8		23	354	100	0	354	CALC
1ST	7+7/8	5+1/2		16	2,098	250	40	2,098	CBL
1ST LINER	4+1/2	3+1/2		1767	2,867				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	1,606	<input type="checkbox"/>	<input type="checkbox"/>	
VERMEJO COAL	1,756	2,001	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: Y _____ Print Name: SHIRLEY MITCHELL _____

Title: REG. ANALYST Date: 10/20/2006 Email: _____

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)