

FORM
5Rev
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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

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:

Data 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 ? | | | |
|-----------------------------|-----------------------|------------|--------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| | 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

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)