

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:

Date of Measurement: 09/26/2006 PDOP Reading: 2.8 GPS Instrument Operator's Name: steven

** 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** 2875 17 Plug Back Total Depth MD 2867 TVD** 2650

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:

| |
|--|
| |
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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: 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)