

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-007-20848	
7. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
7. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name VPR A	
8. Well Number 324	
9. OGRID Number	
10. Pool name or Wildcat	

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)
 1. Type of Well: Oil Well Gas Well Other **Coalbed Methane**

2. Name of Operator
EL PASO E & P COMPANY, L.P.

3. Address of Operator
P.O. BOX 190, RATON, NM 87740

4. Well Location
 Unit Letter **B** : **1083** feet from the **North** line and **1490** feet from the **East** line
 Section **24** Township **31N** Range **20E** **NMPM** **Colfax** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
7,930' (GL)

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

06/29/07 Spud @ 11:00 a.m. Drill 11" surface hole to 333'. Run 8 jts. of 8 5/8", 24#, J55 ST & C casing at 324'. Halliburton mixed and pumped 100 sks Midcon II cement. Circulated 5 bbls of cement to surface. WOC 8 hrs. Test surface 8 5/8" csg to 500 psi for 30 minutes.

06/30/07 Drill 7 7/8" hole from 333' - 2245'. Reached TD at 2245' at 7:15 a.m. MIRU Superior and log well. Logger's TD 2236'. Run 45 jts 5 1/2, 15.5 ppf, J-55, and 10 jts 17 ppf, J-55 LT&C casing st 2156. HES mixed and pumped 371 sks Midcon II cement. Did not circulate to surface. Prep for remedial cement squeeze job.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Shirley Mitchell TITLE Regulatory Analyst DATE 07/18/2007
 Type or print name Shirley A. Mitchell E-mail address: shirley.mitchell@elpaso.com Telephone No. (505) 445-6785
 For State Use Only

APPROVED BY: Ed Martin TITLE **DISTRICT SUPERVISOR** DATE 7/27/07
 Conditions of Approval (if any):