

. 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

2008 JUL 11 PM 2 24

WELL API NO. 30-007-20897
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name VPR B
8. Well Number 175
9. OGRID Number 180514
10. Pool name or Wildcat Van Bremmer - Vermejo Gas

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
PO BOX 190, RATON, NM 87740

4. Well Location
 Unit Letter **O** : **1254** feet from the **South** line and **2170** feet from the **East** line
 Section **24** Township **30N** Range **18E** **NMPM** **Colfax** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
8,044' (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 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: Completion <input checked="" 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.

- 02/14/08 Weatherford ran CBL. Estimated top of cement at 650'.
- 02/18/08 HES pumped 81 sks cement down hole. Circulated to surface. ✓
- 03/11/08 Weatherford ran CBL. Estimated top of cement at surface. ✓
- 03/29/08 Weatherford perf'd 1st stage - 2280'- 2286' 24 Holes
 HES frac'd 1st stage - Pumped 126,799 scf 70% quality nitrogen with 21# linear gel foam with 14,273 lbs 20/40 sand.
 Perf'd 2nd stage - 2080'- 2083', 2097'- 3000', 2187'- 2190' 36 Holes
 Frac'd 2nd stage - Pumped 151,900 scf 70% quality nitrogen with 21 # linear gel foam with 16,054 lbs 20/40 sand.
 Perf'd 3rd stage - 1706'- 1710', 1766'- 1769 28 Holes
 Frac'd 3rd stage - Pumped 41,023 scf 70% quality nitrogen with 21# linear gel foam with 3,000 lbs 20/40 sand.
- 04/03/08 Perf'd 4th stage - 833'- 836', 870'- 873', 890'- 893', 940'- 943', 990'- 994' 64 Holes
 Frac'd 4th stage - Pumped 232,092 scf 70% quality nitrogen with 21# linear gel foam with 29,841 lbs 20/40 sand.
 Perf'd 5th stage - 659'- 666', 723'- 727', 762'- 766' 60 Holes
 Frac'd 5th stage - Pumped 332,619 scf 70% quality nitrogen with 21# linear gel foam with 40,122 lbs 20/40 sand.
- 04/08/08 Coil Tubing clean out.
- 04/15/08 RIH tubing, rods and pump. Well is ready to be tested and put on production. ✓

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 06/17/2008
 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 7/15/08
 Conditions of Approval (if any):