State of New Mexico

Form C-104

Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals & Natural Resources District II Submit to Appropriate District Office OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 1220 South St Francis 5 Copies District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 AMENDED REPORT **District IV** 1220 South St Francis, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number EL PASO E & P COMPANY, L.P. 180514 PO BOX 190 Reason for Filing Code RATON, NEW MEXICO 87740 NW ⁴ API Number Pool Name Pool Code Van Bremmer - Vermejo Gas 97047 30-007-20659 Property Name Well Number Property Code VPR B 106 25180 Surface Location Π. East/West line Ul or lot no. Section Township Lot.Idn Feet from the North/South Line Feet from the County COLFAX **18**F 1687 1537 FEL 20 FSL. **Bottom Hole Location** East/West line County North/South line Feet from the UL or lot no Lot Idn Feet from the 1687 **FSL** 1537 FEL. COLFAX 20 30N 18E C-129 Permit Number C-129 Effective Date C-129 Expiration Date " Lse Code **Producing Method Code** Gas Con ection Date 03/18/2006 P III. Oil and Gas Transporters Transporter Name and Address POD ULSTR Location 21 O/G " Transporter OGRID * POD and Description 180514 EL PASO E & P COMPANY, L.P. G 2836914 P.O. BOX 190 RATON, NEW MEXIO 87740 IV. Produced Water ³³ POD POD ULSTR Location and Description Well Completion Data "TD M DHC, MC Spud Date * Ready Date PBTD 29 Perforations 02/20/2006 888'- 2420' 03/21/2006 2,725 2.638 " Casing & Tubing Size " Hole Size " Depth Set Sacks Cement 11' 8 5/8 338 100 sks 375 sks 7 7/8" 5 1/2" 2,638' VI. Well Test Data Gas Delivery Date " Date New Oil " Test Date Test Length Tbg. Pressure Csg. Pressure N/A 03/18/2006 03/18/2006 24 HRS 0 psi 210 psi 41 Choke Size ⁴ Oil Water " Gas " AOF Test Method FULL 2" N/A 0 70 P 47 I hereby certify that the rules of the Oil Conservation Division have been complied with OIL CONSERVATION DIVISION and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Approved by: herly mitche Shirley A. Mitchell Printed name: Title SUPERVISOR Approval Date: Title: Regulatory Analyst 06 Date: 04/05/2006 Phone: (505) 445-6785 If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name Title Date