## District I

1625 N. French Dr., Hobbs, NM 88240 District II

Previous Operator Signature

811 South First, Artesia, NM 88210

Energy, Minerals & Natural Resources OIL CONSERVATION DIVISION

State of New Mexico

Submit to Appropriate District Office

2040 South Pacheco Santa Fe. NM 87505

5 Copies

Form C-104

Revised March 25, 1999

District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV AMENDED REPORT 2040 South Pacheco, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address EL PASO ENERGY - RATON, L.L.C. 180514 PO BOX 190 Reason for Filing Code RATON, NEW MEXICO 87740 API Number Pool Name Pool Code 30 - 007-20146 Castle Rock Park - Vermejo Gas 97046 Property Code \* Property Name Well Number 25179 VPR 'D' 15 II. Surface Location Ul or lot no. Section Township Lot.Idn Range Feet from the North/South Line Feet from the East/West line County 1136 FNL. 817' FEL COLFAX **Bottom Hole Location** UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line County 06 30N 1136' 817 **FNI FEL COLFAX** <sup>2</sup> Lse Code Producing Method Code 15 C-129 Permit Number 14 Gas Connection Date C-129 Effective Date C-129 Expiration Date 09/20/00 III. Oil and Gas Transporters Transporter Transporter Name <sup>20</sup> POD 21 O/G POD ULSTR Location **OGRID** and Address and Description 180514 El Paso Energy Raton, L.L.C. G 2826837 PO Box 190 Raton, New Mexico 87740 IV. Produced Water 23 POD 24 POD ULSTR Location and Description Well Completion Data Spud Date Ready Date 27 TD \* PBTD Perforations DHC, MC 03/16/00 08/01/00 2060 1668' - 1948' Hole Size <sup>2</sup> Casing & Tubing Size Depth Set Sacks Cement 11" 8 5/8" 340 100 sx. 7 7/8" 5 1/2" 2049 270 sx. VI. Well Test Data 35 Date New Oil Gas Delivery Date Test Date Test Length Tbg. Pressure Csg. Pressure N/A 10/15/00 09/20/00 24 hrs <sup>42</sup> Oil Choke Size Water ' Gas AOF Test Method N/A 450 <sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with EQNSERVATION DIVISION and that the information given above is true and complete to the best of my knowledge and belief. Signature: Approved by Printed name: DIST Title: Sr. Field Administrative Specialist Approval Date Date: If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

Title

Date