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

State of New Mexico Energy, Minerals & Natural Resources

Form C-104 Revised March 25, 1999

District II

Previous Operator Signature

Submit to Appropriate District Office

811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION District III 2040 South Pacheco 5 Copies 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 District IV AMENDED REPORT 2040 South Pacheco, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address **OGRID Number** EL PASO ENERGY - RATON, L.L.C. 180514 PO BOX 190 Reason for Filing Code RATON, NEW MEXICO 87740 NW API Number Pool Name Pool Code 30 - 007-20175 Castle Rock Park - Vermejo Gas 97046 Property Code Property Name Well Number 25179 VPR 'D' II. Surface Location Ul or lot no. Section Township Range Lot.ldn Feet from the North/South Line Feet from the East/West line County 18E 1181' **FNL** 806 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 08 30N 18E 1181' **FNL** 806 **FEL** COLFAX 12 Lse Code Producing Method Code Gas Connection Date 15 C-129 Permit Number C-129 Effective Date C-129 Expiration Date 09/20/00 III. Oil and Gas Transporters Transporter Transporter Name 20 POD 21 O/G POD ULSTR Location OGRID and Address and Description 180514 El Paso Energy - Raton, L.L.C. G 2826801 PO Box 190 Raton, New Mexico 87740 IV. Produced Water 23 POD 24 POD ULSTR Location and Description V. Well Completion Data Spud Date Ready Date ²⁷ TD PBTD 29 Perforations OHC, MC 04/08/00 09/20/00 2200 1795' - 2112' Hole Size Casing & Tubing Size 33 Depth Set Sacks Cement 11" 8 5/8" 330 80 sx. 7 7/8" 5 1/2" 2183 250 sx. VI. Well Test Data Date New Oil Gas Delivery Date Test Date Test Length Tbg. Pressure Csg. Pressure N/A 10/15/00 09/20/00 24 hrs Choke Size 12 Oil ⁶ Water Gas 5 AOF Test Method N/A 31 I hereby certify that the rules of the Oil Conservation Division have been complied with CONSERVATION DIVISION and that the information given above is true and complete to the best of my knowledge and belief. Signature: Printed name: Ruth Luksich PERVISOR Title: Sr. Field Administration Specialist Approval Date: Phone(505)445-4626 If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

Title

Date