State of New Mexico

Revised March 25, 1999

Submit to Appropriate District Office

District I Form C-104 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals & Natural Resources District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION 1220 South St Francis Santa Fe, NM 87505 District III 5 Copies 1000 Rio Brazos Rd., Aztec, NM 87410 AMENDED REPORT District IV 1220 South St Francis, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT I. Operator name and Address EL PASO ENERGY - RATON, L.L.C. 180514 PO BOX 190 Reason for Filing Code RATON, NEW MEXICO 87740 RE ⁴ API Number ⁵ Pool Name 6 Pool Code Castle Rock Park - Vermejo Gas 97046 30-007-20586 Property Name Well Number Property Code 25179 VPR D 179 ¹⁰ Surface Location \mathbf{II} . North/South Line Section Township Lot.Idn Feet from the Feet from the East/West line County Ul or lot no. Range 2000 23 18E FNL 725 FEL COLFAX Н ¹¹ Bottom Hole Location Lot Idn Feet from the North/South line Feet from the East/West line County UL or lot no. Section Range 2000 725 COLFAX 30N 18E FNL FEL Н 23 16 C-129 Effective Date 17 C-129 Expiration Date 12 Lse Code 13 Producing Method Code 14 Gas Connection Date 15 C-129 Permit Number 06/04/05 Oil and Gas Transporters Ш. ²⁰ POD Transporter OGRID 19 Transporter Name 21 O/G 22 POD ULSTR Location and Address and Description 180514 EL PASO ENERGY RATON, L.L.C. G 2836827 P.O. BOX 190 RATON, NEW MEXIO 87740 Produced Water ²⁴ POD ULSTR Location and Description Well Completion Data V. Spud Date Ready Date ²⁹ Perforations 30 DHC, MC 03/14/05 2,675 32 Casing & Tubing Size 33 Depth Set 31 Hole Size 34 Sacks Cement 11" 8 5/8" 336' 100 sks 7 7/8" 5 1/2" 2,447 363 sks VI. Well Test Data 35 Date New Oil ³⁶ Gas Delivery Date 37 Test Date Test Length Tbg. Pressure ⁰ Csg. Pressure N/A 06/04/05 06/04/05 **24 HRS** 140 psi 0 psi 41 Choke Size 42 Oil 43 Water 44 Gas 45 AOF Test Method FULL 2" N/A 32 1 ⁴⁷ I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION with and that the information given above is true and complete to the best of my knowledge and belief. Signature: Shirley A. Mitchell Approved by: Printed name: Title: Title: Regulatory Analyst Approval Date: Date: 07/25/05 Phone: (505) 445-6785

Printed Name

Title

Date

48 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature