

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

WELL API NO.	30-007-20665
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 A	
8. Well Number	228
9. OGRID Number	180514
10. Pool name or Wildcat Stubblefield Canyon - 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 L : 1660 feet from the South line and 774 feet from the West line  
Section 8 Township 31N Range 20E NMPM Colfax County  
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
8,251' (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: <input type="checkbox"/>	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.

04/10/06 Patterson ran Cement Bond Log. Estimated cement top at 47'.  
04/12/06 Patterson perf'd 1<sup>st</sup> stage - 2309'- 2313' 16 Holes  
HES frac'd 1<sup>st</sup> stage - Pumped 862,443 scf 70% quality nitrogen foam with 20# Linear gel with 39,200 lbs 16/30 sand.  
Screened out. Go to stage 2.  
Patterson perf'd 2<sup>nd</sup> stage - 2187'- 2190', 2255'- 2262' 40 Holes  
HES frac'd 2<sup>nd</sup> stage - Pumped 361,449 scf 70% quality nitrogen foam with 20# Linear gel with 3,500 lbs 16/30 sand.  
MIRU Maverick coil tubing clean outs.  
04/17/06 Re-frac 2<sup>nd</sup> stage - Pumped 530,181 scf 70 % quality nitrogen foam with 20# Linear gel with 7,100 lbs 16/30 sand.  
04/18/06 Patterson perf'd 3<sup>rd</sup> stage - 1125'- 1129', 1253'- 1257', 1325'- 1332' 60 Holes  
HES frac'd 3<sup>rd</sup> stage - Pumped 308,360 scf 70% quality nitrogen foam with 20# Linear gel with 54,400 lbs 16/30 sand.  
Patterson perf'd 4<sup>th</sup> stage - 731'- 736', 751'- 754', 775'- 779', 820'- 824', 874'- 878' 40 Holes  
HES frac'd 4<sup>th</sup> stage - Pumped 751,251 scf 70% quality nitrogen foam with 20# Linear gel with 105,200 lbs 16/30 sand.  
04/26/06 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 05/25/2006  
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 6-5-06  
Conditions of Approval (if any):