| Office Office Appropriate District | State of New Mexico | | | Form C-103 |
|---|--|-------------------------|--|--------------------------------|
| District I | Energy, Minerals and Natural Resources | | WELL API NO. | May 27, 2004 30-007-20690 |
| 1625 N. French Dr., Hobbs, NM 88240 District II | OH CONCERNATION DIVISION | | WELL ATTIO. | 30-007-20090 |
| 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease | |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | STATE _ | FEE ⊠ |
| District IV | Santa Fe, NM 87505 | | 6. State Oil & Gas | Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | Ì | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Unit Agreement Name | |
| (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.) | | VPR A | | |
| I. Type of Well: Oil Well Gas Well Other Coalbed Methane | | 8. Well Number 241 | | |
| 2. Name of Operator | | | 9. OGRID Number | 180514 |
| EL PASO E & P COMPANY, L.P. | | | 10 P-1 | 1711 J |
| 3. Address of Operator PO BOX 190, RATON, NM 87740 | | | 10. Pool name or Wildcat Stubblefield Canyon - Vermejo Gas | |
| 4. Well Location | | | | |
| | | | | |
| Unit Letter L: 1409 feet from the South line and 1020 feet from the West line | | | | |
| Section 18 Township 31N Range 20E NMPM Colfax County | | | | |
| 8,310' (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 | | | | |
| 12. Chock repropriate Box to indicate return of rection, report of Other Bata | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | ALTERING CASING | |
| - | | | P AND A | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT | JOB [] | |
| OTHER: | | OTHER: | Com | pletion |
| 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. | | | | |
| 04/28/06 Patterson ran Cement Bon | d Log. Estimated cement top at surfa | ice | | |
| 05/02/06 Patterson perf'd 1st stage - 1869'-1871', 2109'-2113', 2168'-2170' 24 Holes | | | | |
| HES frac'd 1st stage - Pumped 424,742 scf 70% quality nitrogen foam with 20# Linear gel with 45,813 lbs 16/30 sand. | | | | |
| 05/03/06 Patterson perf'd 2 nd stage - 1200'- 1204', 1272'- 1275', 1331'- 1337' 53 Holes HES frac'd 2 nd stage - Pumped 449,634 scf 70% quality nitrogen foam with 20# Linear gel with 69,579 lbs 16/30 sand. | | | | |
| Patterson perf'd 3 rd stage - 931'-935', 1056'-1061', 1114'-1116' 44 Holes | | | | |
| HES frac'd 3rd stage - Pumped 425,205 scf 70% quality nitrogen foam with 20# Linear gel with 64,324 lbs 16/30 sand. | | | | |
| Patterson perf'd 4 th stage - 731'-733', 748'-750', 777'-780', 853'-856', 861'-863', 868'-870' 56 Holes HES frac'd 4 th stage - Pumped 454,761 sef 70% quality nitrogen foam with 20# Linear gel with 70,551 lbs 16/30 sand. | | | | |
| 05/09/06 RIH tubing, rods and pu | imp. Well is ready to be tested and | l put on production | tai gei with 70,531 m | 10/30 Sanu. |
| | <u> </u> | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| I hereby certify that the information | above is true and complete to the be | est of my knowledge | and belief. I further | certify that any pit or below- |
| - 1 | r closed according to NMOCD guidelines | , a general permit (] o | r an (attached) alternat | ive OCD-approved plan []. |
| SIGNATURE Shirtly Mitchell TITLE Regulatory Analyst DATE 06/21/06 | | | | |
| Type or print name Shirley A M | itchell E-mail address: shirley. | | | o. (505) 445-6785 |
| Ean State Use Oule | | | | |
| For State Use Only | .4 / | SETOICT CIL | DED//ICUD | |
| APPROVED BY: | Martin TITLE | ISTRICT SU | LEKA1904 | DATE 7-13-06 |
| Conditions of Approval (if any): | 7 | | | |