Form C-104 District 1 State of New Mexico Revised March 25, 1999 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals & Natural Resources District II Submit to Appropriate District Office 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION 5 Copies District III 1220 South St Francis Santa Fe. NM 87505 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 OGRID Number Operator name and Address EL PASO E & P COMPANY, L.P. 180514 Reason for Filing Code PO BOX 190 RATON, NEW MEXICO 87740 NW Pool Code API Number ⁵ Pool Name 97047 30-007-20747 Van Bremmer - Vermejo Gas Well Number **Property Code** * Property Name 25180 VPR B 162 II. ¹⁰ Surface Location Ul or lot no. Township Range Lot.ldn Feet from the North/South Line Feet from the East/West line County COLFAX 24 29N 18E 1246 FSL 739 **FWL Bottom Hole Location** UL or lot no. Section Township Lot Idn Feet from the North/South line Feet from the East/West line County Range COLFAX 29N 18E 1246 **FSL** 739 **FWL** 24 M 12 Lse Code Producing Method Code " C-129 Permit Number C-129 Effective Date C-129 Expiration Date " Gas Connection Date 06/20/2006 III. Oil and Gas Transporters " Transporter OGRID 22 POD ULSTR Location ²⁰ POD 21 O/G Transporter Name and Address and Description 180514 EL PASO E & P COMPANY, L.P. G P.O. BOX 190 RATON, NEW MEXIO 87740 e. IV. Produced Water POD ULSTR Location and Description V. Well Completion Data " TD 28 PBTD " DHC, MC Spud Date Ready Date 29 Perforations 02/17/2007 05/22/2007 2,575 969'- 2,262 2,460 33 Depth Set 31 Hole Size Casing & Tubing Size Sacks Cement 11" 8 5/8" 315 100 sks 7 7/8" 5 1/2" 2,460 335 sks VI. Well Test Data " Date New Oil " Gas Delivery Date 37 Test Date Test Length Tbg. Pressure Csg. Pressure N/A 06/20/2006 06/20/2006 24 HRS 0 psi 66 psi " Choke Size " Oil Water " Gas " AOF " Test Method FULL 2" N/A 0 43 P ⁴⁷ I hereby certify that the rules of the Oil Conservation Division have been complied with OIL CONSERVATION DIVISION and that the information given above is true and complete to the best of my knowledge and helief. Signature: Approved by: Shirley A. Mitchell Title: Printed name:

Title: Regulatory Analyst Approval Date: Date: Phone: (505) 445-6785 4 If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name Title Date