

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. <b>30-007-20825</b>
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 <b>VPR A</b>
8. Well Number <b>313</b>
9. OGRID Number <b>180514</b>
10. Pool name or Wildcat <b>Stubblefield Canyon - Vermejo Gas</b>

SUDDRY 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 <input checked="" type="checkbox"/> Other      Coalbed Methane	
2. Name of Operator <b>EL PASO E &amp; P COMPANY, L.P.</b>	
3. Address of Operator <b>PO BOX 190, RATON, NM 87740</b>	
4. Well Location Unit Letter <b>H</b> : <b>1384</b> feet from the <b>North</b> line and <b>1308</b> feet from the <b>East</b> line Section <b>26</b> Township <b>31N</b> Range <b>20E</b> NMPM <b>Colfax</b> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>7,942' (GL)</b>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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.

06/02/07 Superior ran Cement Bond Log. Estimated cement top at surface.  
07/28/07 Superior Wireline perf'd 1<sup>st</sup> stage - 1909'- 1913', 1917'- 1922', 1936'- 1939', 1948'- 1957' 84 Holes  
HES frac'd 1<sup>st</sup> stage - Pumped 343,417 scf 70% quality nitrogen foam with 20# Linear gel with 49,707 lbs 20/40 sand.  
Perf'd 2<sup>nd</sup> stage - 1799'- 1804', 1854'- 1857' 32 Holes  
Frac'd 2<sup>nd</sup> stage - Pumped 200,683 scf 70% quality nitrogen foam with 20# Linear gel with 15,459 lbs 20/40 sand.  
Perf'd 3<sup>rd</sup> stage - 1016'- 1020', 1027'- 1031', 1076'- 1080', 1114'- 1118' 64 Holes  
Frac'd 3<sup>rd</sup> stage - Pumped 194,287 scf 70% quality nitrogen foam with 20# Linear gel with 23,160 lbs 20/40 sand.  
Perf'd 4<sup>th</sup> stage - 814'- 820', 843'- 846', 857'- 860', 894'- 897', 931'- 940' 96 Holes  
Frac'd 4<sup>th</sup> stage - Pumped 352,595 scf 70% quality nitrogen foam with 20# Linear gel with 40,204 lbs 20/40 sand.  
08/07/07 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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Shirley Mitchell TITLE Regulatory Analyst DATE 10/30/2007  
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: Al Martin TITLE DISTRICT SUPERVISOR DATE 11/8/07  
Conditions of Approval (if any):