1625 N. French Dr., Hobbs, NM 88240 District II

Previous Operator Signature

State of New MEXICO Energy, Minerals & Natural Resources

Form C-104 Revised March 25, 1999

Submit to Appropriate District Office

AMENDED REPORT

811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION District III 1220 South St Francis 5 Copies 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 1220 South St Francis, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number EL PASO ENERGY - RATON, L.L.C. PO BOX 190 3 Reason for Filing Code RATON, NEW MEXICO 87740 RE ⁴ API Number ⁵ Pool Name Pool Code 30-007-20460 Castle Rock Park - Vermejo Gas 97046 Property Code Property Name Well Number 25179 VPR 'D' 132 ¹⁰ Surface Location Ul or lot no. Section Range Lot.Idn Feet from the North/South Line Feet from the East/West line County Township 18E 1608 FSL COLFAX 772' FEL 11 Bottom Hole Location UL or lot no. North/South line Section Township Lot Idn Feet from the Range Feet from the East/West line County 30N 18E 1608 **FSL** COLFAX 14 FEL 772 13 Producing Method Code 16 C-129 Effective Date 12 Lse Code 15 C-129 Permit Number 4 Gas Connection Date ⁷ C-129 Expiration Date 01/28/04 III. Oil and Gas Transporters ⁸ Transporter Transporter Name 20 POD 11 O/G 22 POD ULSTR Location and Description EL PASO ENERGY RATON, L.L.C. 180514 2836652 P.O. BOX 190 RATON, NEW MEXIO 87740 IV. Produced Water 24 POD ULSTR Location and Description ²³ POD V. Well Completion Data 28 PBTD Spud Date 30 DHC, MC 26 Ready Date 27 TD ¹⁹ Perforations 31 Hole Size 33 Depth Set Casing & Tubing Size 4 Sacks Cement 353 100 sx 11" 8 5/8" 2090' 288 sx 5 1/2" 7 7/8" VI. Well Test Data 38 Test Length 37 Test Date ³⁶ Gas Delivery Date 39 Tbg. Pressure 40 Csg. Pressure 35 Date New Oil 03/18/04 **24 HRS** 03/18/04 N/A 43 Water 46 Test Method 42 Oil 4 Gas 45 AOF 41 Choke Size FULL 2" N/A " 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: Approved Printed name: Fitle: Shirley A. Michell SUPERVISOR OIS Title: Senior Specialist Approval Date: Phone: (505) 445-6785 If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

Title

Date