1625 N. French Dr., Hobbs, NM 88240

District II

Energy, Minerals & Natural Resources Form C-104 Revised March 25, 1999 811 South First, Artesia, NM 88210 **OIL CONSERVATION DIVISION** Submit to Appropriate District Office District III 1220 South St Francis 5 Copies 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 AMENDED REPORT District IV 1220 South St. Francis, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address ² OGRID Number EL PASO ENERGY - RATON, L.L.C. P.O. BOX 190 180514 RATON, NEW MEXICO 87740 ³ Reason for Filing Code NW ⁴ API Number ⁵ Pool Name Pool Code STUBBLEFIELD CANYON RATON - VERMEJO GAS 30-007-20447 Property Code ⁸ Property Name Well Number VPR A 140 ¹⁰ Surface Location Ul or lot no. East/West line Township Lot.Idn Feet from the Section Range North/South Line Feet from the County H 19E 1368' 1148' COLFAX 11 Bottom Hole Location UL or lot no. Section Township Lot Idn Feet from the North/South line Feet from the East/West line County Н 32N 19E 1368' 1148' COLFAX North East ⁶ C-129 Effective Date 12 Lse Code 13 Producing Method Code 14 Gas Connection Date 15 C-129 Permit Number 17 C-129 Expiration Date 07/12/04 III. Oil and Gas Transporters 30 POD Transporter Transporter Name 21 O/G 22 POD ULSTR Location and Address and Description 180514 EL PASO ENERGY RATON, L.L.C. 2836702 P.O. BOX 190 RATON, NEW MEXICO 87740 IV. Produced Water 33 POD 14 POD ULSTR Location and Description V. Well Completion Data 26 Ready Date 27 TD 28 PBTD ²⁹ Perforations ³⁰ DHC, MC 03/02/04 07/05/04 2665' 2596' 2140'- 2340'

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31 Hole Size	32 C	asing & Tubing Size	33 Depth Set		34 Sacks Cement	
11"		8 5/8"	363'		100 sks	
7 7/8"		5 1/2"	2665'		484 sks	
VI. Well Test Dat	a					
35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure	
N/A	07/12/04	07/12/04	24 hrs.	210	260	
41 Choke Size	⁴² Oil	43 Water	4 Gas	" AOF	46 Test Method	
full 2"	N/A	348	17		P	
"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature:			Approved by: Approved by:			
Printed name: Shirley A. Mitchell			Tide: DISTRICT SUPERVISOR			
Title: Regulatory Analyst			Approval Date: 8/9/6	Ý		
Date: 07/30/04 Phone: (505) 445-6785		445-6785				
⁴⁸ 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	