

..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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-007-20750</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Coalbed Methane		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>EL PASO E &amp; P COMPANY, L.P.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>PO BOX 190, RATON, NM 87740</b>		7. Lease Name or Unit Agreement Name <b>VPR B</b>
4. Well Location Unit Letter <b>K</b> : <b>2167</b> feet from the <b>South</b> line and <b>2335</b> feet from the <b>West</b> line Section <b>25</b> Township <b>29N</b> Range <b>18E</b> <b>NMPM</b> <b>Colfax</b> County		8. Well Number <b>146</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>8,012' (GL)</b>		9. OGRID Number <b>180514</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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <b>Completion</b> <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.

02/28/07 Superior ran CBL. Estimated top of cement at surface.  
05/08/07 Superior perf'd 1<sup>st</sup> stage - 2162'- 2164', 2229'- 2232', 2234'- 2236', 2243'- 2246' 40 Holes  
HES frac'd 1<sup>st</sup> stage - Pumped 322,097 scf 70% quality nitrogen with linear gel foam with 22,286 lbs 20/40 mesh sand.  
Superior perf'd 2<sup>nd</sup> stage - 2012'- 2014', 2031'- 2034', 2065'- 2073' 52 Holes  
HES frac'd 2<sup>nd</sup> stage - Pumped 684,767 scf 70% quality nitrogen with linear gel foam with 41,092 lbs 20/40 mesh sand.  
Superior perf'd 3<sup>rd</sup> stage - 1742'- 1749', 1766'- 1769', 1778'- 1782', 1789'- 1791' 64 Holes  
HES frac'd 3<sup>rd</sup> stage - Pumped 665,276 scf 70% quality nitrogen with linear gel foam with 10,485 lbs 20/40 mesh sand.  
Superior perf'd 4<sup>th</sup> stage - 1064'- 1066', 1136'- 1138', 1147'- 1150' 28 Holes  
HES frac'd 4<sup>th</sup> stage - Pumped 284,366 scf 70% quality nitrogen with linear gel foam with 20,200 lbs 20/40 mesh sand.  
05/19/07 Clean out well bore. 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 NMOCDC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Shirley Mitchell TITLE Regulatory Analyst DATE 07/23/2007  
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: Ed Martin TITLE **DISTRICT SUPERVISOR** DATE 7/31/07  
Conditions of Approval (if any):