State of New Mexico Energy. Minerals & Natural Resources

Form C-104 Revised March 25, 1999

District II 811 South First, Artesia, NM 88210

District III

OIL CONSERVATION DIVISION 1220 South St Francis

Submit to Appropriate District Office 5 Copies

1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe. NM 87505 **District IV** __AMENDED REPORT 1220 South St. Francis, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT 1 Operator name and Address EL PASO E & P COMPANY, L.P. P.O. BOX 190 180514 **RATON, NEW MEXICO 87740** Reason for Filing Code NW ⁴ API Number ⁵ Pool Name ⁶ Pool Code 30-007-20829 STUBBLEFIELD CANYON RATON - VERMEJO GAS 96970 Property Code ⁸ Property Name Well Number 24648 Vermejo Park Ranch VPR A 319 10 Surface Location II. Ul or lot no. Township Lot.Idn Feet from the North/South Line East/West line Range Feet from the County В 25 31N 20E 786 2254 COLFAX North **Bottom Hole Location** Section Township Lot Idn Feet from the North/South line Feet from the East/West line County Range B 25 31N 20E 786 R North 2254 East **COLFAX** 12 Lse Code ¹⁷ C-129 Expiration Date 13 Producing Method Code 14 Gas Connection Date 15 C-129 Permit Number C-129 Effective Date 10/23/2007 III. Oil and Gas Transporters Transporter OGRID ²¹ O/G Transporter Name ²⁰ POD POD ULSTR Location and Address and Description EL PASO E & P COMPANY, L.P. 180514 P.O. BOX 190 RATON, NEW MEXICO 87740 IV. Produced Water ²³ POD ²⁴ POD ULSTR Location and Description V. Well Completion Data 25 Spud Date ²⁶ Ready Date ²⁷ TD ²⁸ PBTD 29 Perforations ³⁰ DHC, MC 05/19/2007 10/08/2007 2,230 2,252' 1,135'- 1,968' 31 Hole Size 33 Depth Set 32 Casing & Tubing Size 34 Sacks Cement 11" 8 5/8" 322' 100 sks 322 sks 7 7/8 5 1/2" 2,262 VI. Well Test Data Date New Oil Gas Delivery Date Test Date Test Length ³⁹ Tbg. Pressure Csg. Pressure N/A 10/23/2007 10/23/2007 136 24 hrs. 45 AOF 42 Oil Choke Size Water 44 Gas Test Method full 2" N/A 187 ⁴⁷ 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 by: mitch Shirley A. Mitchell Printed name: Title: Title: Approval Date: Regulatory Analyst 11/19/07 Date: 11/13/2007 Phone: (505) 445-6785 ⁸ 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