

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>30-007-20929</b>
7. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
7. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>VPR A</b>
8. Well Number <b>405</b>
9. OGRID Number
10. Pool name or Wildcat

SUNDRY 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  Other **Coalbed Methane**

2. Name of Operator  
**EL PASO E & P COMPANY, L.P.**

3. Address of Operator  
**P.O. BOX 190, RATON, NM 87740**

4. Well Location  
 Unit Letter **L** : **1417** feet from the **South** line and **437** feet from the **West** line  
 Section **21** Township **32N** Range **21E** **NMPM** **Colfax** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**7,470' (GL)**

Pit or Below-grade Tank Application  or Closure   
 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> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

02/22/08 Spud @ 6:00 a.m. Drill 11" surface hole to 329'. Run 8 jts. of 8 5/8", 24#, J55 ST & C casing at 322'. Halliburton mixed and pumped 100 sks Midcon II cement. Circulated 1 bbl of cement to surface. ✓  
 WOC 8 hrs. Test surface 8 5/8" csg to 500 psi for 30 minutes.

02/23/08 Drill 7 7/8" hole from 329' - 2,005'. Reached TD at 2,005' at 7:00 a.m. MIRU Superior and log well. Logger's TD 1,995'. Run 0 jts 5 1/2, 15.5 ppf, J-55, and 63 jts 17 ppf, J-55 LT&C casing at 1,916'. HES mixed and pumped 258 sks Midcon II cement. Circulated 7 bbls of cement to surface. ✓

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 NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Shirley A. Mitchell TITLE Regulatory Analyst DATE 03/03/2008  
 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 3/10/08  
 Conditions of Approval (if any):