

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 Rte. Brufos 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
 June 19, 2008

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-007-20132
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name VPR A
8. Well Number 19
9. OGRID Number 180514
10. Pool name or Wildcat Stubblefield Canyon - Vermejo Gas

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
PO BOX 190 RATON, NM 87740

4. Well Location
 Unit Letter **O** : **901** feet from the **South** line and **1953** feet from the **East** line
 Section **30** Township **32N** Range **20E** **NMPM** **COLFAX** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
8,292'''' (GL)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: RE-COMPLETION - RATON COALS <input checked="" type="checkbox"/></p>
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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.

03/27/09 MIRU Animas Rig. Pull rods and tubing. Acidize perfs: 2514'- 17', 2507'- 09', 2502'- 04', 2496'- 2500', 2431'- 34', 2291'- 95', 2272'- 76' Pump 15% NEFE acid over perfs. Pump PEP-3 treatment over isolated perfs, soak for 30 min. Swab

03/30/09 TIH with new 1 1/4" pump and 101 3/4" rods. Hang well on. Start well pumping.

04/06/09 Pull rods, tubing, and pump.

04/16/09 RIH Wireline Set plug at 2200' Perforate 1st stage - 2063'- 67', 2008'- 11' 28 holes Pump 7.5% HCL acid, 21# linear gel, 220,000 scf N2, 70% N2 foam, and 7,850 lbs 16/30 sand. Screened out. Tagged up @ 1870'. Perforate 2nd stage - 1604'- 07' Pressured out. Re-frac 2nd stage. Tagged high 1488'.

04/17/09 MIRU Maverick Coil Tubing Unit. Cleaned out. RBP set @ 2200'. Set plug @ 1985'. Perforate Stage 2 - 1603'- 06 12 Holes Pump 7.5% HCL acid, 21# linear gel, 135,000 scf N2 70% foam, and 7,850 lbs 16/30 sand. Set plug @ 1585' Perforate 3rd stage - 1552'- 56', 16 Holes Pumped 7.5% HCL acid, 21# linear gel, 466,000 scf N2 70% foam, and 7,850 lbs 16/30 sand. Set plug at 1535'. Perforated 4th stage - 1500'- 03 12 Holes Pump 7.5% HCL acid, 21# linear gel, 85,000 scf N2, 70% foam, and 15,798 lbs 16/30 sand. Set plug @ 1485'. Perforate 5th stage - 1132'- 35', 1072'- 75' 12 holes Pump 7.5% HCL acid, 21# linear gel, 325,000 scf N2, 70% foam and 38,801 lbs 16/30 sand. Set plug @ 1050' Perforate 6th stage - 916'- 19', 885'- 94', 873'- 76', 839'- 43' 76 holes Pump 7.5% HCL acid, 21# linear gel, 295,000 scf N2 70% foam, with 65,355 lbs 16/30 sand.

04/21/09 MIRU Maverick Coil Tubing Unit, clean out to 2674' PBTD.

04/24/09 RIH with 2 7/8" tubing, rods, pump and production equipment.

04/30/09 Put well back to sales.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Shirley A. Mitchell TITLE Regulatory Analyst DATE 05/20/2009

Type or print name Shirley A. Mitchell E-mail address: shirley.mitchell@elpaso.com PHONE: 575 445-6785

For State Use Only

APPROVED BY: Ed Martin TITLE **DISTRICT SUPERVISOR** DATE 5/29/09

Conditions of Approval (if any):