Submit 3 Copies

State of New Michael inerals and Natural Resources Department

05° 0	Revised 1-1-89
aral	Kernen 1-1-05

Submit 3 Copies to Appropriate	Energ	inerals and Natural Res	sources Department	a in	H Kerman-1-0
District Office  DISTRICT I P.O. Box 1980, Hobbs, NM 88240		ONSERVATIO P.O. Box 208	8	WELL API NO. 30-015-21249	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Sar	nta Fe, New Mexico	37504-2088	5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztoc, NM 87410				6. State Oil & Gas Les	use No.
( DO NOT USE THIS FORM FOR PR	OPOSALS IC	REPORTS ON WELD DRILL OR TO DEEPEN OF TO PEPEN OF TOP PEPEN OF PROPOSALS.)		7. Lease Name or Uni	
I. Type of Well: Oil Well Oil Well XX	]	OTHER		8. Well No.	
2. Name of Operator V-F Petroleum Inc.				9. Pool name or Wildo	at
3. Address of Operator P. O. Box 1889 Midl	and, TX	79702		Four Mile Dra	w Morrow
4. Well Location  Unit Letter 0: 66	0 Feet Fro	om The South	Line and _1980	Feet From Th	eEastLine
18 Section	Townsh	ip 19-S Rai 10. Elevation (Show whether in 3,407' GR	OF, RKB, RT, GR, etc.)	NMPM Eddy	County
11. Check  NOTICE OF IN  PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING  OTHER:  12. Describe Proposed or Completed Open	TENTION PLUG CHAN	I AND ABANDON	REMEDIAL WORK  COMMENCE DRILLING  CASING TEST AND COMMER:  REEntry	AL  GOPNS. PL  EMENT JOB   & Casing Runn:	TERING CASING  UG AND ABANDONMENT  Ing X
12. Describe Proposed or Completed Operwork) SEE RULE 1103.  1. Dig out & remove of the control	dry hole 11" 5,000 UTI Rig 5 ck & test plugs to 80 casing & nipple	marker 11/06/01 0# casing head. 510 01/06/02. t to 5,000#. 9,710'. g. Cement with 5 up 11" 5,000# >	500 sx Class "H"	cement.	RECTIVED OCD - ARTESIA
I hereby certify that the information above is t	nuo and complete	to the best of my knowledge and	bdid.	· Landonh	1 /15 /02
SIONATURE SIONATURE	lina	т	Production Su	iperintendent	TELEPHONE NO. 915/683-334
TYPE OR PRINT NAME Wayne Lu	na 				
(This space for State Uses)		Signed by tim W.	GUM		MAR 2 8 202

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APPROVED BY -CONDITIONS OF AITHOUAL, IF ANY: