| Submit 3 Copies To Appropriate District | State of N | New Mexico | F | orm C-103 |
|--|--|--|--|---|
| Office District I | Energy, Minerals a | and Natural Resources | | May 27, 2004 |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | , |
| District II | OIL CONSERV | ATION DIVISION | 30-025-08470 | V |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | | St. Francis Dr. | 5. Indicate Type of Lease | _ / |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 | | STATE FEE | |
| District IV | Santa re, | , INIVI 67303 | 6. State Oil & Gas Lease No. | T. 1 |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | AND DEDORTE OF | NUTTIO | VB-1913-0001 7. Lease Name or Unit Agreen | ant Name |
| SUNDRY NOTICES | | | 7. Lease Name of Onit Agreen | ient Name |
| (DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATION" | ON FOR PERMIT" (FORM C | 101) FOR SUCH | STATE BU | |
| PROPOSALS.) | | HOBBS CC | 8. Well Number 1 | , |
| | Well Other SWD | | | √ |
| 2. Name of Operator | | MAD O A AAAA | 9. OGRID Number 024010 | / |
| V-F PETROLEUM INC. | | MAR 3 0 2016 | | V |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| P.O. BOX 1889, MIDLAND, TEXAS | 79702 | RECEIVED | SAN SIMON; YATES, WEST | |
| 4. Well Location | | | | |
| Unit Letter N : 660 feet | from the SOUTH line a | nd 1.980 feet from the V | VEST line | |
| Section 2 | | ange 34-E NMPM | | 1 |
| Section 2 | | | | |
| entrance to the second of the | 1. Elevation (Show when | 3,585' GR | | |
| Pit or Below-grade Tank Application _ or C | losure | 5,505 GR | The second second second second second | AND DESCRIPTION OF THE PERSON |
| Pit type Depth to Groundwate | | est fresh water well Dis | tance from nearest surface water | |
| | | | | |
| Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material | | | | |
| 12. Chec | k Appropriate Box to Inc | licate Nature of Notice, Re | port or Other Data | |
| NOTICE OF INTENT | ION TO: | I SU | JBSEQUENT REPORT OF: | |
| PREFORM REMEDIAL WORK PLU | UG AND ABANDON | REMEDIAL WORK | ☐ ALTERING CASIN | NG 🔲 |
| | ANGE PLANS | COMMMENCE DRILLIN | NG OPNS. 🛛 P AND A | |
| PULL OR ALTER CASING MU OTHER: | JLTIPLE COMPL [| CASING/CEMENT JOB OTHER: | | |
| | | | | |
| 13. Describe proposed or completed of | perations. (Clearly state | all pertinent details, and give | ve pertinent dates, including estin | nated date of |
| starting any proposed work). SEE | RULE 1103. For Multip | ple Completions: Attach w | ellbore diagram of proposed com | pletion or |
| recompletion. | | | | |
| | | | | |
| 03/02/16 - Producing 17-22 BW | /DD | | | |
| 03/02/16 - Producing 17-22 BW 03/28/16 | FD. | | | |
| 03/23/10 | | | | |
| | | | | |
| | | | | |
| | | | | |
| I hereby certify that the information above | e is true and complete to t | he best of my knowledge and | d belief. I further certify that any | v nit or below- |
| grade tank has been/will be constructe | d or closed according to | NMOCD guidelines , a g | general permit or an (attached | l) alternative |
| OCD-approved plan . | | | | |
| SIGNATURE Sandrat. | Cambo T | ITLE Vice President | DATE <u>03/28/16</u> | |
| Type or print name Sandra K. Lawl | | -mail address: skl@vfpetro | oleum.com Telephone No. 432 | 2-683-3344 |
| ency See Processor A | | JAMES STATE OF THE PORT OF THE | 1 0 10 phone 110, 432 | 2 003 3344 |
| (This space for State use) | | | | |
| | | | | |
| APPPROVED BY TITLE Petroleum Engineer DATE 05/31/16 | | | | |
| 7/00 | | | | 21/1 |

Conditions of approval, if any:

