

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, 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. 30-015-28938
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-696-0000
7. Lease Name or Unit Agreement Name Spike
8. Well Number 1
9. OGRID Number 024010
10. Pool name or Wildcat 73960 Carlsbad: Morrow, South (Gas)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> SWD	
2. Name of Operator V-F PETROLEUM INC.	<b>RECEIVED</b> MAY 17 2013 <b>NMOCD ARTESIA</b>
3. Address of Operator P.O. BOX 1889, MIDLAND, TEXAS 79702	
4. Well Location Unit Letter <u>H</u> : <u>1,980</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>33</u> Township <u>23-S</u> Range <u>26-E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,340' GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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

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

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.

Starting on 5/13/2013

- |  |   |
|--|---|
| 1. Remove tubing and packer  | 2. Set bridge plug above existing perfs       |
| 3. Perf Atoka formation from 11,100' - 106'  | 4. Swab to test                               |
| 5. Acidize and swab to test if necessary   | 6. Perf Strawn formation from 10,470' to 80'. |
| 7. Swab to test  | 8. Acidize and swab to test if necessary.     |
| 9. Optional - Perf Wolfcamp formation if warranted at that time  | 11. Acidize and swab to test if necessary.    |
| 10. Swab to test   | 13. Swab to test.                             |
| 12. Perf Bone Spring formation at 8,505' to 25'  |   |
| 14. Acidize and swab to test if necessary.   |   |
| 15. If, at any time, any of these zones test oil and gas in commercial volumes, return well to production.       |   |
| 16. Should the production profile necessitate artificial lift, Operator will install appropriate lift equipment. |   |

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 Wayne Luna TITLE Drilling Superintendent DATE 5/14/2013  
Type or print name: Wayne Luna E-mail address: \_\_\_\_\_ Telephone No. (432) 683-3344

(This space for State use)

APPROVED BY [Signature] TITLE Dr. J. B. Speer DATE 5/14/2013

Conditions of approval, if any: