Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

C15F Op

Form C-103
Revised 1-1-89

WELL API NO. 30-015-31337

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 26639

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.)

7. Lease Name or Unit Agreement Name: ILLINOIS CAMP 18 STATE

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: V-F PETROLEUM INC.

8. Well No. 1

3. Address of Operator: P O BOX 1889 MIDLAND TX 79702

9. Pool name or Wildcat: UNDES, ILLINOIS CAMP; MORROW NORTH

4. Well Location
Unit Letter P : 990 Feet From The SOUTH Line and 990 Feet From The EAST Line

Section 18 Township 18S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,598' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [X]	
OTHER: [ ]		OTHER: [ ]	

12. 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.

2/13/01 RAN 56 JTS (2,521') 9 5/8 36# J-55 STC new Newport csg. Welded on GS & FC. Ran 15 centr. BJ pumped 750 sx 35/65 poz C w/ 6% gel, 5# salt, 1/4 cello + 200 sx class C w/2% CaCl. Pumped @ 8 bpm @ 698 psi. PD @ 7:50 pm 2/13/01 to 926 psi. Circl 140 sx to pit.

Note WOC Time

BJ

RECEIVED
OCD - ARTESIA

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

SIGNATURE _____ TITLE ENGINEER DATE 2/15/01

TYPE OR PRINT NAME M.R. VASICEK TELEPHONE NO 915/683-3344

(This space for State Use)

APPROVED BY For Record Only TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: