Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Energy, ... aerals and Natural Resources Department

District Utilice		ONIDITATOR		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	Box 1980, Hobbi, NM 88240 P.O. Box 2088 RICT II Santa Fe, New Mexico 87504-2088		WELL AM NO. 30-015-22625 5. Indicate Type of Lease STATE FEE	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				
DISTRICT III 0000 Rio Brazos Rd., Azioc, NM 87410			6. State Oil & Gas Lease No. L-6654	
(DO NOT USE THIS FORM FOR PI	TICES AND REPORTS ON W ROPOSALS TO DRILL OR TO DEEP ERVOIR. USE "APPLICATION FOR I C-101) FOR SUCH PROPOSALS.)	EN ON PLUG BROK 10 X	7. Lease Name or Unit A	greement Name
I. Type of Well: OIL GAS WELL WELL WELL		\	STATE 19 COM	
2. Name of Operator V-F PETROLEUM INC	c. /	ocotive)	8. Well No. 2 9. Pool name or Wildcat	
3. Address of Operator P O BOX 1889 MII	DLAND TX 79702	JON ARTESIA	SOUTH MILLMAN	
4. Well Location		Line and205	7 Feet From The	WEST Line
Section 19	10. Elevation (Show what	Range 28-E her DF, RKB, RT, GR, etc.)	NMPM EDDY	County
	3,49	3' GR	Report or Other Da	//////////////////////////////////////
11. Ch∞ NOTICE OF II	k Appropriate Box to Indica	SUI	BSEQUENT HEP	UNI UI":
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING U
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	[]	G AND ABANDONWENT
PULL OR ALTER CASING		CASING TEST AND	LEVEL SHOT	X
OTHER:		OTHER:		
work) SEE RULE 1103.	CETATIONS (Clearly state all pertinent details) TIC SERVICES, INC. SHO COUNTING CASING COUPI	or FINTO LEVEL WI	TH ACOUSTIC WELL	L SOUNDING MACHINE.
SIGNATURE MANUEL	is true and complete to the best of my knowled E LUNA	ge and belief. PRODUCTION	SUPERINTENDENT	DATE 2/26/01 TELEPHONE NO.915/683-334
TYPE OR PRINT NAME				
(This space for State Use)				DATE 3/19/01
Record gala		TITLE		