

Submit 3 Copies To Appropriate District Office
District I
1625 N French Dr, Hobbs, NM 88240
District II
1301 W Grand Ave, 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. / 30-025-22233
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-1378
7. Lease Name or Unit Agreement Name CABOT A STATE /
8. Well Number 1 /
9. OGRID Number 024010 /
10. Pool name or Wildcat BAGLEY; PERMO PENN, NORTH /

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type NONE 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

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)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ~~SWD~~

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

3. Address of Operator
P.O. BOX 1889, MIDLAND, TEXAS 79702

4. Well Location
Unit Letter L : 1,980 feet from the SOUTH line and 510 feet from the WEST line
Section 14 Township 11-S Range 33-E NMPM LEA County /

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4,257' RKB

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

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

11/07/08 Repair tank battery.
11/08/08 Start well pumping.

RECEIVED
MAR 17 2009
HOBBSCOCD

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 M. Wayne Luna TITLE PRODUCTION SUPERINTENDENT DATE 03/16/09
Type or print name M. WAYNE LUNA E-mail address: Telephone No. (432) 683-3344

(This space for State use)

APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE MAR 18 2009

Conditions of approval, if any: