| Sante Fe Main Office | | | | | | | | | | | | | Form C-103 | |
|--|--|----------------|-----------------|------------------------|----------------------|---------------------------|--------------|--------------|-------------|--|--|--------------|--------------|--|
| Phone: (505) 476-3441 | State of New Mexico | | | | | | | | | August 1, 2011 | | | | |
| General Information | Energy, Minerals and Natural Resources | | | | | | | | | Permit 341208 | | | | |
| Phone: (505) 629-6116 | Oil Conservation Division | | | | | | | | W | WELL API NUMBER 30-025-51250 | | | | |
| https://www.emnrd.nm.gov/ocd/contact-us | | | | | | | | | 5. | 5. Indicate Type of Lease | | | | |
| | | | | | | | | | 6 | State 6. State Oil & Gas Lease No. | | | | |
| | Santa Fe, NM 87505 | | | | | | | | | o. State Oil & Gas Lease No. | | | | |
| 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 CACHE RIVER 29 32 STATE COM | | | | |
| 1. Type of Well: | | | | | | | | | | 8. Well Number | | | | |
| Oil 2. Name of Operator | | | | | | | | | | 303H 9. OGRID Number | | | | |
| V-F PETROLEUM INC | | | | | | | | | | 24010 | | | | |
| 3. Address of Operator P.O. Box 1889, Midland, TX 79702 | | | | | | | | | |). Pool na | me or Wildc | at | | |
| 4. Well Location Unit Letter J : 2236 feet from the S line and feet 2103 from the E line Section 29 Township 21S Range 35E NMPM County Lea 11. Elevation (Show whether DR, KB, BT, GR, etc.) | | | | | | | | | | | | | | |
| 1 | 1. Elevation (Showard) | | KB, B1, GR, 6 | etc.) | | | | | | | | | | |
| Pit or Below-grade Tank Application or Closure | | | | | | | | | • | | | | | |
| Pit Type Depth to Groundwater | | | | | | surface wat | ter | | | | | | | |
| | Grade Tank: Volu | | bbls; Co | nstruction N | //aterial | | | | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK | | | | | | ☐ COMMENCE DRILLING OPNS. | | | | | REPORT OF: ALTER CASING PLUG AND ABANDON | | | |
| 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. Casing/Cement Sundry 5/15/2023 Spudded well. | | | | | | | | | | | | | | |
| Casing and Cement Program | | _ | | | | | | | | | _ | _ | | |
| Date String Fluid Type | Hole Size | Csg Size | Weight lb/ft | Grade | Est TOC | Dpth Set | Sacks | Yield | Class | 1" Dpth | Pres Held | Pres Drop | Open Hole | |
| 05/16/23 Surf FreshWater | 17.5 | 13.375 | 54.5 | J55 | 0 | 1858 | 1325 | 1.34 | С | 0 | 1350 | 0 | N | |
| 05/20/23 Int1 CutBrine | 12.25 | 9.625 | 40 | L80 | 0 | 5527 | 1635 | 1.33 | С | 0 | 2540 | 0 | N | |
| I hereby certify that the information above is true NMOCD guidelines ☐, a general permit ☐ or an | | | | | further certify | that any pi | t or below-g | rade tank ha | s been/will | be constru | ucted or clos | ed accordi | ing to | |
| SIGNATURE <u>Electronically Signed</u> | | TITLE | | Regulatory Manager | | | | DATE | | 5/30/2023 | | | | |
| Type or print name Pam O'Neil | | E-mail address | | pamo@ | pamo@vfpetroleum.com | | | | No. | 432-683-3344 | | | | |
| For State Use Only: | | | | | | | | | | | | | | |
| APPROVED BY: Keith Dziokonski | | TITLE | | Petroleum Specialist A | | | | DATE | | 1/15/2025 11:13:22 AM | | | | |