Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICTI P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088

WELL API NO.

DISTRICT II		
P.O. Drawer DD. Artesis	L NM	88210

Santa Fe, New Mexico 87504-2088

30-015-22892-00-00 5. Indicate Type of Lease

PLUG AND ABANDONMENT

TO ENGINEE THE		STATELX	FEE L	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		ie Oil & Gas Lease No. E-5073		
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.)				
		se Name or Unit Agreement Nam	c	
1. Type of Well:				
WELL WELL OTHER WATER D	PER DISPOSAL NORTHCOTT			
2. Name of Operator REC	EIVED 8 W	II No.		
V-F PETROLEUM INC.		3	·	
3. Address of Operator MAY	0 5 700A 9. Poo	l name or Wildcat		
P.O. BOX 1889, MIDLAND, TEXAS 79702	E. MILLMAN (OGSA)			
4. Well Location				
Unit Letter G: 1,980 Feet From The NORTH	Line and 1,980	Feet From The FAST	Line	
Section 24 Township 19-S Range	28-E NMPM	EDDY	County	
10. Elevation (Show whether DF, RK	B, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Natur	e of Notice, Report,	or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REM	EDÎAL WORK	ALTERING CASING	3 [

OTHER: 12. Describe Proposed or Completed Operations (Clearly state all persinent details, and give persinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

OTHER:_

04/19/04

TEMPORARILY ABANDON

PULL OR ALTER CASING

MIRU POOL WSU. UNFLANGE WELLHEAD. PULL ADDITIONAL 12,000# TENSION ON PACKER. NOW HAS 30,000# TENSION ON PACKER. FLANGE WELL UP. PRESSURE TEST CSG x TUBING ANNULUS TO 500#. NO LEAK. RD & R WSU.

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

04/26/04

PERFORM MECHANICAL INTEGRITY TEST.

CHANGE PLANS

I hereby certify that the information above is true and complete to the best of my knowledge	e and belief.	
SKINATURE MINUSTEUNA	PRODUCTION SUPERINTENDENT	DATE 05/03/04
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, BY ANY:	Gerry Guye Compliance Officer	S-7-04

