Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N French Dr , Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-30159  5. Indicate Type of Lease
District III	1220 South St. Francis Dr.	STATE 🖾 FEE 🗆
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505Y 3 0 2008	6. State Oil & Gas Lease No.
1220 S. St Francis Dr, Santa Fe, NM 87505	OCD-ARTES	
SUNDRY NOTICES	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS)	TION FOR PERMIT" (FORM C-101) FOR SUCH	SAMUEL BURNS "34" STATE
	as Well Other SWD	8. Well Number 1
2. Name of Operator		9. OGRID Number
V-F PETROLEUM INC.		024010
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 1889, MIDLAND, TEXAS	5 79702	TRAVIS; WOLFCAMP
4. Well Location		
Unit Letter C: 660 feet from the NORTH line and 1,980 feet from the WEST line		
Section 34 Township 18-S Range 28-E NMPM EDDY County		
	11. Elevation (Show whether DR, RKB, RT, GR, e	
3,536' GL		
Pit or Below-grade Tank Application or Closure		
Pit typeDepth to GroundwaterDistance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
	PLUG AND ABANDON REMEDIAL WOR	SUBSEQUENT REPORT OF:  RK
<del></del>	CHANGE PLANS COMMENCE DR	<del>_</del>
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
OTHER: TEST WOLFCAMP ZONE	☐ OTHER:	
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.		
1. Pull all production equipment.		
2. Set RBP at 8,900'.		
3. Perforate and test Wolfcamp zone 8,781' – 8,824' Estimated starting date 06/01/08		
Estimated starting date 00/01/00		
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Lhereby certify that the information above	re is true and complete to the best of my knowledge and	helief I further certify that any nit or below-
	d or closed according to NMOCD guidelines , a g	
OCD-approved plan		• – ,
SIGNATURE SIGNATURE	THE PRODUCTION SUP	ERINTENDENT DATE 05/28/08
Type or print name M. WAYNE LU		Telephone No. (432) 683-3344
		***********
(This space for State use)		
APPPROVED BY	TITLE	DATE
Conditions of approval, if any:		