Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO. 30-025-42457
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE S FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. VO-8723-001
	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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		MID-VAC STATE 8
		8. Well Number 1
2. Name of Operator		9. OGRID Number 024010
V-F PETROLEUM INC.	OCT 3 0 2015	
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 1889, MIDLAND, TEXAS 79	9702 RECEIVED	VACUUM; ABO REEF
4. Well Location		
Unit Letter P: 990 feet from the SOUTH line and 990 feet from the EAST line		
Section 8	Township 18-S Range 35-E NMPM	LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application or Closure		
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material		
Pit Liner Thickness: mil	Below-Grade Tank: Volumebbls; Co	onstruction Material
12. Check	Appropriate Box to Indicate Nature of Notice, Re	port or Other Data
NOTICE OF INTENTIO	ON TO:	JBSEQUENT REPORT OF:
_	G AND ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
	NGE PLANS COMMMENCE DRILLIN	NG OPNS. PAND A
PULL OR ALTER CASING MUL' OTHER:	TIPLE COMPL CASING/CEMENT JOB OTHER:	
	ons. (Clearly state all pertinent details, and give pertiner	
proposed work). SEE RULE 1103. For	Multiple Completions: Attach wellbore diagram of pro	posed completion or recompletion.
10/03/15 Swb well 8 hrs. Rec 142 bbl	s wtr. RD & rel swbg unit.	
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-
	or closed according to NMOCD guidelines , a g	
OCD-approved plan .		
SIGNATURE Sandrak La	TITLE Vice President	DATE 10/27/2015
Type or print name Sandra K. Lawlis		
	,	-9
(This space for State use)	0/	4
ADDDD OVED DV	Petroleum Enginee	PATTO Whole
APPPROVED BY	TITLE TOURSE	DATE 4/09/19
Conditions of approval, if any:		

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