

RECEIVED

APR 16 2010

HOBBSCO

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-34409

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

CARLISLE 15

8. Well Number 1

9. OGRID Number 024010

10. Pool name or Wildcat

SHOEBAR NORTHWEST; STRAWN

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 J : 1,980 feet from the SOUTH line and 1,650 feet from the EAST line

Section 15 Township 16-S Range 35-E NMPM LEA County

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

3,986' GR

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

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: Add perforations ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: RETURN WELL TO PRODUCTION ☐

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.

Pull production equipment.

Add perforations 10,040' - 10,050' and 10,162' - 10,171'.

Acidize with 3,000-gallons HCl acid.

Swab back acid.

Return well to production.

Estimate starting date May 1, 2010.

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 04/13/10

Type or print name M. WAYNE LUNA

E-mail address:

Telephone No. (432) 683-3344

(This space for State use)

PETROLEUM ENGINEER

APR 21 2010

APPROVED BY *[Signature]* TITLE

DATE

Conditions of approval, if any: