

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

OIL CONSERVATION DIVISION

APR 29 2010

HOBBSCO

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-01311

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name  
MALMAR UNIT

8. Well Number 410

9. OGRID Number

266091

10. Pool name or Wildcat  
MALJAMAR

## 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 Inject

2. Name of Operator

VPR Operating, LLC

3. Address of Operator

PO Box 2769, Hobbs, New Mexico 88241

4. Well Location

Unit Letter J : 1980 feet from the SOUTH line and 1980 feet from the EAST lineSection 7 Township 17S Range 33E NMPM LEA County11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4233

## 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 ☐  
 DOWNHOLE COMMINGLE ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐

OTHER: ☐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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion:

The subject well failed MIT test.

VPR rigged up 04/22/10.

SD 04/23/10 closing blind rams on BOP. One and one half hours later PW was flowing around surface casing. 1:20pm, 04/23/10,

Buddy Hill granted permission to set CIBP @ 4125'. Rotary WL set CIBP @ 4125', 3:30pm, 04/23/10. Water flow ceased.

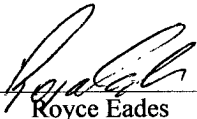
Gandy cleaning location. Contaminated soil to Gandy Marley. PW to VPR WIW system.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE



Royce Eades

TITLE

royceeades@penrocoil.com

Agent

DATE

4/23/10  
575-492-1236

Type or print name

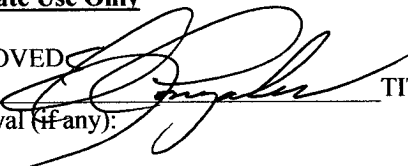
E-mail address:

PHONE:

For State Use Only

APPROVED

BY:



TITLE

STAFF MGR

DATE

4-29-10

Conditions

Approval (if any):