

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-025-29772</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE "19"
8. Well No. <u>1</u>
9. Pool name or Wildcat WILDCAT
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4389 GR</u>

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator <u>V-F PETROLEUM</u>	3. Address of Operator <u>ONE MARIENFELD PLACE, SUITE 580 MIDLAND, TX 79701</u>
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line Section <u>19</u> Township <u>9S</u> Range <u>33E</u> NMPM LEA County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>4389 GR</u>		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>TESTING FOR COMPLETION</u> <input checked="" type="checkbox"/>

12. 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.

- . INSTALL TUBING HEAD
- . TEST TUBING HEAD & CASING TO 2500#
- . PERFORATE 8407'-8440'
- . ACIDIZE WITH 2000 GAL. 15% HCL
- . SWAB TEST ALL WATER
- . SET CIBP @ 8395'
- . PERFORATE 8355'-8382'
- . ACIDIZE WITH 1500 GAL. 15% HCL + 5000 GAL. GELLED 20% HCL
- . NOW TESTING

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

SIGNATURE Kenneth E. Stull TITLE PRODUCTION TECHNICIAN DATE 11/5/90
(915)
TYPE OR PRINT NAME KENNETH E. STULL TELEPHONE NO 683-3344

(This space for State Use)

APPROVED BY STATE ENGINEER

APPROVED BY STATE ENGINEER TITLE STATE ENGINEER DATE 11/5/90

CONDITIONS OF APPROVAL, IF ANY: