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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

1G-4180

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator V-F Petroleum Inc.	8. Farm or Lease Name Chevron State
3. Address of Operator One Marienfeld Place, Suite 580 Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER M 330 FEET FROM THE South LINE AND 330 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 15 RANGE 33 NMPM.	10. Field and Pool, or Wildcat North Hume Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4142.4' GL	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Start completion & test well ☒

17. 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.

MIRU well service rig.
Perforate 10,222-10,237' 4 -.41 JSPF
Run tubing & packer
Acidize with 250 gal 15% HCl
Swab back load
Acidize with 1500 gal 15% HCl + 120 RCN ball sealers
Swab back load & swab to test
Acidize with 4500 gal gelled 15% HCl + 500# rock salt
Swab back load
Install pumping unit to pump test well

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

SIGNED Jerry Sexton TITLE Production Superintendent DATE 7-27-87

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE _____

DATE JUL 29 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUL 28 1967
OCC
HOBBS OFFICE

WU 100-100

100-100-100-100