| NO. OF COPIES RECEIVED  |  |                     |                                       | Form C-103                                     |
|---|--|---------------------|---------------------------------------|--|
| DISTRIBUTION  |  |                     |                                       | Supersedes Old<br>C-102 and C-103              |
| SANTA FE  | NEW MEX                                | ICO OIL CONSE       | RVATION COMMISSION                    | Effective 1-1-65                               |
| FILE  |  |                     |                                       |  |
| U.S.G.S.  |  |                     |                                       | 5a. Indicate Type of Lease                     |
| LAND OFFICE   | _                                      |                     |                                       | State Fee.                                     |
| OPERATOR  | -                                      |                     |                                       | 5. State Oil & Gas Lease No.                   |
| OPERATOR  |  |                     |                                       |  |
| 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.  | CATION FOR PERMIT - (FOR               | W C-101) 1 0 ( 300) |                                       | 7. Unit Agreement Name                         |
| OIL GAS WELL WELL   | OTHER-                                 |                     |                                       | 8. Farm or Lease Name                          |
| 2. Name of Operator   |  |                     |                                       |  |
| Vobil Cil Corporation   |  |                     |                                       | 9. Well No.                                    |
| 3. Address of Operator P.C. Sox 633, Midland, Texas 79701   |  |                     |                                       | 3  |
| 4. Location of Well   |  |                     |                                       | 10. Field and Pool, or Wildcat                 |
|   | 1 4.80                                 | orti                | LINE AND 1,050 FEET                   | Vates Seven Liver                              |
| UNIT LETTER   | 1,000 FEET FROM T                      | HE                  | LINE AND                              |  |
| THE LOST LINE, SECTION 24 TOWNSHIP 18-3 RANGE 35-1 N  |  |                     |                                       | NMPM.  |
| THE LINE, SE  |  |                     |                                       |  |
|   | 15. Elevation                          | on (Show whether    | DF, RT, GR, etc.)                     | 12. County                                     |
| Ölliliiiiiii  | 7111111                                |                     | Callerine Deposit of                  |  |
|   | ck Appropriate Box :<br>FINTENTION TO: | lo Indicate N       | ature of Notice, Report of Subsequent | UENT REPORT OF:                                |
| NOTICE C.   |  |                     |                                       |  |
| PERFORM REMEDIAL WORK   | PLUG /                                 | AND ABANDON         | REMEDIAL WORK                         | ALTERING CASING                                |
| PERFORM REMIZE  |  |                     | COMMENCE DRILLING OPNS.               | PLUG AND ABANDONMENT                           |
| TEMPORARILY ABANDON   | CHANC                                  | E PLANS             | CASING TEST AND CEMENT JOB            |  |
| PULL OR ALTER CASING  | CHANG                                  | E PLANS             | OTHER                                 |  |
|   |  | []                  | OTHER                                 |  |
| OTHER   |  |                     |                                       |  |
| 17. Describe Proposed or Complete work) SEE RULE 1603.  | d Operations (Clearly state            | e all pertinent det | ails, and give pertinent dates, inc   | luding estimated date of starting any proposed |
| ,   |  |                     |                                       |  |
| Perforate additional ho   | oles, acidize Upp                      | er tueer,           | and return to all.                    |  |
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|   |  |                     |                                       |  |
| 18. I hereby certify that the inform  | nation above is true and cor           | nplete to the best  | of my knowledge and belief.           |  |
| 16. I hereby certify that the morning   | . /                                    |                     |                                       |  |
| \ \ Madla   | `//                                    |                     | Authorized /ment                      | DATE 5-2-05                                    |
| SIGNED / WILL   | ur                                     | TITLE               |                                       |  |
| <del></del>   | û /                                    |                     |                                       |  |
| y y ( 6 -   | 11/13                                  |                     |                                       |  |
| APPROVED BY   | Marin                                  | TITLE               |                                       | DATE   |
| CONDITIONS OF APPROVAL, IF  | MNY:                                   |                     |                                       |  |
| ///   | •                                      |                     |                                       |  |