

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

1. SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Recomplete</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>NM 45225</u>
2. NAME OF OPERATOR <u>V-F Petroleum Inc.</u>	6. IF INDIAN ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>One Marienfeld Place, Suite 580, Midland, TX 79701</u>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1980' FSL & 660' FWL</u>	8. FARM OR LEASE NAME <u>Uncle Sam 25 Federal Com</u>
14. PERMIT NO. <u>30-025-28440</u>	9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>Quercho Plains U. Bone SPR-</u>
	11. SEC., T., R. OR BEK. AND SURVEY <u>Sec. 25 T-18-S, R-32-E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Test Wolfcamp

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 1.) MIRU WSU TOH with tubing & test packer.
- 2.) Set CIBP at 11700', dump 35' cement on top of CIBP.
- 3.) Perforate squeeze holes at 11200' & 9200'.
- 4.) Set permanent cement retainer at 11100'.
- 5.) Circulate cement behind 5 1/2" casing from 11200' to 9200'.
- 6.) WOC.
- 7.) Test squeeze perforations to 2,000# for 30 min.
- 8.) Perforate Wolfcamp porosity 10908'-10938'.
- 9.) Acidize perforations & swab to test.
- 10.) If oil & gas are encountered in commercial volumes, return well to production from Wolfcamp zone.

* Will file in Corbin S. Wolfcamp Field if productive.

18. I hereby certify that the foregoing is true and correct

SIGNED <u>[Signature]</u>	TITLE <u>Geologist</u>	DATE <u>September 24, 1993</u>
(This space for Federal or State office use)		
APPROVED BY <u>(ORIG. SCD) JOE G. LARA</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>10/18/93</u>
CONDITIONS OF APPROVAL, IF ANY:		