Submit 3 Copies to Appropriate District Office

CONDITIONS OF AITROVAL, IF ANY:

State of New Mexico Energy, L. ... rals and Natural Resources Department

Form C-100 Revised 1-1-89

| OIL | CONSERVATION DIVISION |
|-----|-----------------------|
| | DO D 0000 |

| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | P.O. Box 208 Santa Fe, New Mexico | 8 | WELL API NO. 30-025027687 |
|---|---|-------------------------------|--|
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | 5. Indicate Type of Lease STATE TEE FEE | | |
| DISTRICT III 1000 Rio Brazos Rd., Azioc, NM 87410 | | | 6. State Oil & Gas Lease No. E-1923 |
| SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVO (FORM C-101 | 7. Lease Name or Unit Agreement Name | | |
| 1. Type of Well: OR. GAS WELL WELL X | Merchants "A" | | |
| 2. Name of Operator V-F Petroleum Inc. | | | 8. Well No. |
| 2 Address of Operator | - M* 13 | TV 70701 | 9. Pool name or Wildcat |
| 110 N. Marienfeld St | reet, Suite 110 Midl | and, 1X /9/01 | Wilson - Bone Springs |
| 4. Well Location Unit Letter: 1,980 | Feet From The South | Line and _660 | Feet From The West Line |
| 30 | Township 21-S Rate | 35-E | NMPM Lea County |
| Section Section | 10. Elevation (Show whether I | OF, RKB, RT, GR, etc.) | |
| Check Ap | propriate Box to Indicate N | Nature of Notice, R | eport, or Other Data |
| NOTICE OF INTE | | SUB | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | G OPNS. PLUG AND ABANDONMENT |
| CASING TEST AND | | | |
| OTHER: | | OTHER: Completi | cn Attempt. X |
| 12. Describe Proposed or Completed Operation work) SEE RULE 1103. | s (Clearly state all persinent details, an | d give pertinent dates, inclu | cling estimated date of starting any proposed |
| 9-12-98 - Perforate Bone 9-13-98 - Acidize with 2 9-16-98 - Re-acidize wit 9-24-98 - Sand/Water fra 9-25-98 - Bleed off frac 10-3-98 - Bail sand 10-4-98 - Install pumpin | 50 gal & swab h 2,500 gal & swab c with 30,500 gal + 3 pressure & swab | 35,225# sand | ver remainder of load water. |
| I hereby certify that the information above is true and sound turns. SKINATURE Wayne Luna | d complete to the best of my knowledge and | belief. Production S | uperintendent рать 12/17/98 телемомено. 915-683-334 |
| for First Use) | | | |
| (This space for State Use) | ORIGINAL SICHED 65 | 1.8 | DATE FED 1 0 1998 |