Submit 3 Copies to Appropriate District Office

State of New Mexico Energ inerals and Natural Resources Department

Firm C-103 Revised 1-1-89

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 WELL API NO.
30-025-27687

5. Indicate Type of Lease
STATE FEE

1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	STATE X FEE L	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. E-1923	
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.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X OTHER	Merchants "A"	
2. Name of Operator	8. Well No.	
V-F Petroleum Inc.	9. Pool name or Wildcat	
3. Address of Operator 110 N. Marienfeld Street, Ste.580 Midland, TX 79701		
4. Well Location	WITSON - Bone Springs	
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line		
Section 30 Township 21-S Range 35-E	NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3614 GL		
11. Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data	
NOTICE OF INTENTION TO: SUB	SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CE	MENT JOB 🗌	
OTHER: Completion Attempt X OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include	ling estimated date of starting any proposed	

- 2. Describe Proposed or Completed Operations (Clearly state all periodent actuals, and give periodent actual, inclinating estimate cause of starting any proposed work). SEE RULE 1103.
 - 1. Perforate Bone Springs Porosity 8,420 8,442
 - 2. Stimulate and Test

Estimated starting date 9-28-98		
I hereby certify that the information above is true and complete to the best of my know	ledge and belief.	
SKINATURE MANUSIUMA	mus_Superintendant	DATE 10-6-98
TYPE OR PRINT NAME Wayne Luna		TELEPHONE NO. 915/683-3344
(This space for State Use) (APPENDING State Use)		OCT 26 1998
APTROVED BY SERVICE STATES OF APPROVAL, IF ANY:	TITL8	DATE