

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025027687

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-1923

7. Lease Name or Unit Agreement Name

Merchants "A"

8. Well No.

1

9. Pool name or Wildcat

Wilson - Bone Springs

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. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

V-F Petroleum Inc.

3. Address of Operator

110 N. Marienfeld St., Ste. 580 Midland, Tx 79701

4. Well Location

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, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Re-Entry ☒

12. 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.

8-27-98 Dug out cellar & dry hole marker. Nipple up wellhead & B.O.P. on 10 3/4 csg.

9-2-98 Test BOP to 1,500# PSI for 30 min. Start drilling cement plugs.

9-18-98 Finish drilling cement plugs to 8,565'. Displace casing with 1% KCl water.
Lay down re-entry tools. Now ready for completion attempt.

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

SIGNATURE

Wayne Luna

TITLE

Superintendent

DATE 10-2-98

TYPE OR PRINT NAME

Wayne Luna

TELEPHONE NO.

915/683-3344

(This space for State Use)

ORIGINAL SIGNED BY
GARY MILK

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

gic