Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			KCAPen 1-1-03
DISTRICT I	OIL CONSERVAT	TION DIVISION	
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO. 30.025-20931
DISTRICT III			5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
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"			7. Lease Name or Unit Agreement Name
(FORM C-10	01) FOR SUCH PROPOSALS.))	BRONCO WOLFCAMP UNIT
OIL GAS WELL WELL	OTHER		
2. Name of Operator			8. Well No.
G P II ENERGY CORPORATION 3. Address of Operator	<u>JN</u>		3
P.O. BOX 50682 MIDLAND.	TEXAS 79702		9. Pool name or Wildcat BRONCO WOLFCAMP
4. Well Location Unit Letter 0 : 650	Feet From The	Line and 188	Feet From TheLine
Section 35	Township 12-S	Range 38-E	NMPM LEA COUNTY
	10. Elevation (Show w	hether DF, RKB, RT, GR, etc 3800' DF	NMPM LEA County
11. Check Appr	opriate Box to Indica		Report, or Other Data
NOTICE OF INT	ENTION TO:		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	_	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	L ALTERING CASING L
PULL OR ALTER CASING	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	CASING TEST AND CE	
OTHER:	۲	٦	MENI JOB [_]
		J OTHER:	
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	ons (Clearly state all pertinent	details, and give pertinent date	es, including estimated date of starting any proposed
DISP 2-7/8" TBG & 3-1/SET 2-7/8" CIBP @ 895(SET 3-1/2" CIBP @ 50'CUT & PULL 2-7/8" TBG SPOT 50 SXS PLUG 4658'SPOT 45 SXS PLUG 554'-INSTALL DRY HOLE MARKE	0'; CAP W/ 35' CMT. ABOVE PERFS; CAP W/ 3 & 3-1/2" TBG FROM 465 '-4558'' WPC & TAG (8- -454' (13-3/8" SHOE).	35' CMT. 58'+	
	HOURS PRIOR TO PLUCCING OPERATION TO BE APPROVED.	AUST BE NOTIFIED 24 THE BEGINNING OF ONS FOR THE C-103	
I hereby certify that the information above is true ar	id complete to the best of my knowl	edge and belief.	
SIGNATURE	-fulds	TITLE AGENT	DATE7-15-96
TYPE OR PRINT NAME JOEY FIELDS	<u>/</u>		TELEPHONE NO. (915)563-0430
(This space for State Use)	7		
	- TV CORVESSION - MODEVILOR		JUL 19 1996
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		TITLE	DATE DATE