Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		
D.O. D 1000 II-LL NIM 00241 1000	VATION DIVISION O. Box 2088	WELL, API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		36-625-27049 5. Indicate Type of Lease
DISTRICT III		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" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name
1. Type of Well:	0,120.7	BRONCO WOLFCAMP UNIT
OIL WELL X GAS WELL OTHE	ER .	
2. Name of Operator GP II ENERGY CORPORATION		8. Well No. 9
3. Address of Operator		9. Pool name or Wildcat
P.O. BOX 50682 MIDLAND, TEXAS 79702 4. Well Location		BRONCO WOLFCAMP
Unit Letter A : 990 Feet From The	NORTH Line and 3	30 Feet From The EAST Line
Section 2 Township 13		NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, et 3788' GR	(c.)
11. Check Appropriate Box to I		, Report, or Other Data
NOTICE OF INTENTION TO:		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDO	ON X REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	CASING TEST AND C	\vdash
OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all p	pertinent details, and give pertinent de	ntes including estimated data of starting any proposed
work) SEE RULE 1103.	serument actume, and give per discret de	rees, including estimated date of starting any proposed
SET 5-1/2" CIBP @ 8975'; CAP W/ 35' C CIRC HOLE W/ 10# BRINE W/ 25# SALT GE SPOT 50 SXS PLUG: 50' IN & 50' OUT 5- SPOT 50 SXS 4672'-4572' (8-5/8" CSG S SPOT 45 SXS 375'-275' (13-3/8" SHOE). SPOT 15 SXS 30'-SURFACE. INSTALL DRY HOLE MARKER	L PER BBL. 1/2" CSG STUB; WOC & TAG. HOE); WOC & TAG.	
\$ 15 miles		111 - 24
	and Association of the Section of th	
I hereby certify that the information above is true and complete to the best of	my knowledge and belief.	
SIGNATURE SOLUTION AND AND AND AND AND AND AND AND AND AN	TITLE AGENT	DATE 7-15-96
TYPE OR PRINT NAME JOEY FIELDS		TELEPHONE NO. (915)563-0430
(This space for State Use)	4.	JUL 19 1955
APPROVED EY	TITLE	DATE