

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

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

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

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

WELL API NO. 30-015-04948
5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-068064
7. Lease Name or Unit Agreement Name NORTH SQUARE LAKE UNIT (Grier #6)
8. Well No. 145
9. Pool name or Wildcat Square Lake
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3807' GR

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 **Injector**

2. Name of Operator
GP II ENERGY, INC.

3. Address of Operator
PO Box 50682 Midland, Texas 79710

4. Well Location
Unit Letter **J** : **1980** Feet From The **South** Line and **1980** Feet From The **East** Line
Section **31** Township **16-S** Range **31-E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3807' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: PUT IN COMPLIANCE WHEN RIG AVAILABLE <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

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

SIGNATURE *Tonya Garza* TITLE **Production Analyst** DATE **03-09-2001**
TYPE OR PRINT NAME **Tonya Garza** (915) 684-4748
TELEPHONE NO.

(This space for State Use)

APPROVED BY *Secord* TITLE _____ DATE *2/14/01*
CONDITIONS OF APPROVAL, IF ANY: