

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Cons.
N.M. Div-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210
BUREAU OF LAND MANAGEMENT
Bureau Order No. 1004-0135
March 31, 1993

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NMNM07781 081277
2. Name of Operator GP II Energy, Inc	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. PO Box 50682, Midland, Texas 79710 (915) 684-4748	7. If Unit or CA, Agreement Designation NMNM101360X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UL: "N", Sec 31, T-16S, R-31E	8. Well Name and No. North Square Lake Unit 160
	9. API Well No. 30-015-04953-00-00
	10. Field and Pool, or Exploratory Area SQ Lake Grayburg SA
	11. County or Parish, State Eddy

12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input checked="" type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Compliance
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

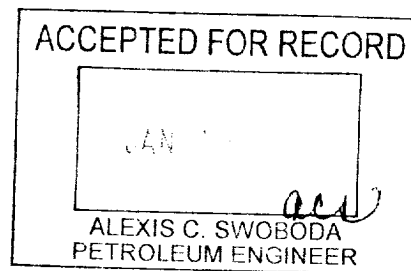
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

09/30/01

Replaced Well Sign.

Well in Compliance for Rule 103.



14. I hereby certify that the foregoing is true and correct
Signed [Signature] Title Agent Date 12-11-01

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Accepted for record

only **JAN 29 2002**

and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements

See Instruction on Reverse Side