

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Co
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

clsk

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
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
GP II Energy, Inc

3. Address and Telephone No.
PO Box 50682, Midland, Texas 79710 (915) 684-4748

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
UL: "P", Sec 32, T-16S, R-31E

5. Lease Designation and Serial No.

STATE

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NMNM101360X

8. Well Name and No.

North Square Lake Unit 165

9. API Well No.

30-015-04958-00-00

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 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

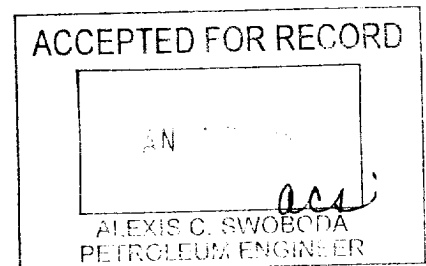
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

Title Agent

Date 12-11-01

(This space for Federal or State office use)

Approved by
Coi

Title

Date

Accepted for record

Title 18
or repre

only

JAN 29 2002

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

6 Instruction on Reverse Side