

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
N.M. Div-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210  
FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

CL57

**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: "L", Sec 34, T-16S, R-31E

5. Lease Designation and Serial No.  
LC-056302B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
NMNM101360X

8. Well Name and No.  
North Square Lake Unit 153

9. API Well No.  
30-015-04993-00-00

10. Field and Pool, or Exploratory Area  
SQ Lake Grayburg SA

11. County or Parish, State  
Eddy

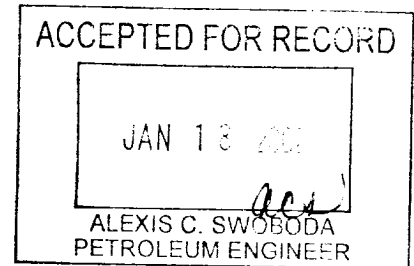
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

Title \_\_\_\_\_ Date \_\_\_\_\_

Accepted for record

JAN 29 2002

only

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

\*See Instruction on Reverse Side