

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

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

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

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

WELL API NO.  
30-015-10863

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-2884

7. Lease Name or Unit Agreement Name  
NORTH SQUARE LAKE UNIT  
(State "H" #4)

8. Well No.  
185

9. Pool name or Wildcat  
Square Lake

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3800' 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 A : 10 Feet From The North Line and 10 Feet From The East Line  
Section 36 Township 16-S Range 30-E NMPM Eddy County

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 Record Only TITLE \_\_\_\_\_ DATE 3/11/01  
CONDITIONS OF APPROVAL, IF ANY: