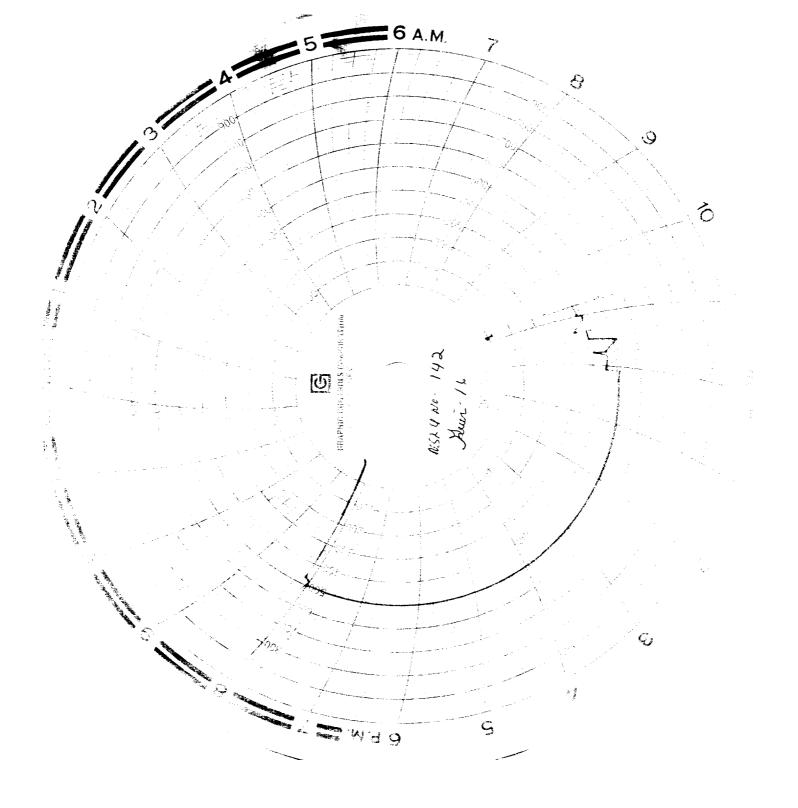
| Submit 3 Copies To Appropriate District Office | State of | | | | CISI | 3 103 w | |
|---|---------------------------|----------------------|------------------------------|---|---|----------------|--|
| District I OA 2526472 Rnergy, Minerals and Natural Resources | | | | | Revised March 2 | 1000 | |
| 1625 N. French Dr., Hobbs, NM 88240 | | | | WELL API NO. | | | |
| District II 1301 W. Grand Ave., Artesia, NM 88210 000 CONSERVATION DIVISION | | | | 30-015-201840000 | | | |
| District III S RET 2002 1 1220 South St. Francis Dr. | | | | * * | 5. Indicate Type of Lease | | |
| District IV Note: NM 87410 Note: NM 87410 Note: NM 87505 Note: NM 87410 Note: NM 87505 | | | | STATE [| STATE FEE 6. State Oil & Gas Lease No. | | |
| 1220 S. St. Francis Dr. Santa FOCOL ARIESTA & | | | | 6. State Oil & G | as Lease No. | | |
| SUMPRY NOTICES AND REPORTS ON WELLS | | | | 7. Lease Name or | Unit Agreement N | ame: | |
| (DO NOT USE THIS FORM TASK PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE CAPPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | North Square Lake Unit | | | |
| 1. Type of Well: | | | | | | | |
| Oil Well Gas Well Other Injector | | | | | | | |
| 2. Name of Operator | | | | 8. Well No. | | | |
| GP II Energy, Inc / | | | | 142 | | | |
| Address of Operator PO Box 50682 – Midland, Texas 79710 | | | | 9. Pool name or Wildcat | | | |
| 4. Well Location | :Xd5 /9/10 | | | | | | |
| 4. Well Education | | | | | | | |
| Unit Letter E : | 2630 feet from the | North | line and | 10 feet from | the West | _line | |
| Section 31 | Township | | Range 31E | NMPM E | Eddy Count | v | |
| | 10. Elevation (Show w | hether Di | R, RKB, RT, GR, etc | c.) | Yaga - Tari | | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | |
| | | dicate N | | | | | |
| NOTICE OF INTENTION TO: SUB | | | | SEQUENT REF | PORT OF: | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WOR | | ALTERING CASIN | G 🗌 | |
| TEMPORARILY ABANDON | CHANGE PLANS | | | MMENCE DRILLING OPNS.☐ PLUG AND ☐ ABANDONMENT | | | |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | | CASING TEST AI CEMENT JOB | | | | |
| OTHER: OTHER: | | | OTHER: X Exte | Extension of TA Status & MIT | | | |
| | | i | , | | | | |
| 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. | | | | | | | |
| Request extension of TA Status, MIT Chart is attatched. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Temporary Abandoned Sta | itus approved | | | | | |
| | 10-2 | 1-07 | | | | | |
| I hereby certify that the information a | bove is true and complete | ϵ to the be | est of my knowledg | e and belief. | | | |
| \rightarrow 1. | | | | | | | |
| SIGNATURE VUL | Т | TITLE | Agent | | DATE 10/24 | /02 | |
| | | | | | 915 684-4748 | | |
| Type or print name Shawn Brown | | | | | Telephone No. | | |
| (This space for State use) | 00 | A | -//// | 775 | | | |
| A PRIPE OVER DV | <i>W</i> _ | | will see | | DQCT 292 | กกว | |
| APPPROVED BY Conditions of approval, if any: | ТТ | ITLE | - 1 | | DATE! & J Z | JUZ | |



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