

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. 30-015-05034
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injector	7. Lease Name or Unit Agreement Name FEATHERSTONE
2. Name of Operator GP II ENERGY, INC.	8. Well No. 005
3. Address of Operator PO Box 50682 Midland, Texas 79710	9. Pool name or Wildcat Grayburg Jackson
4. Well Location Unit Letter B : _____ Feet From The _____ Line and _____ Feet From The _____ Line Section 2 Township 17-S Range 31-E NMPM Eddy County	

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4018 GR
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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"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: PUT IN COMPLIANCE WHEN RIG AVAILABLE <input checked="" 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 Robert S. [Signature] TITLE _____ DATE 7/14/01
CONDITIONS OF APPROVAL, IF ANY: