

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. <b>30-015-20315</b>	
5. Indicate Type of Lease <b>FEDERAL</b> STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name <b>FEDERAL "KK"</b>	
8. Well No. <b>001</b>	
9. Pool name or Wildcat <b>Square Lake</b>	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <b>Injector</b>	
2. Name of Operator <b>GP II ENERGY, INC.</b>	
3. Address of Operator <b>PO Box 50682 Midland, Texas 79710</b>	
4. Well Location Unit Letter <b>P</b> : <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>3</b> Township <b>17-S</b> Range <b>30-E</b> NMPM <b>Eddy</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3738' GR</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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: <b>PUT IN COMPLIANCE WHEN RIG AVAILABLE</b> <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.

*Shut in Pending Repair*

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 *Rebecca Chay* TITLE \_\_\_\_\_ DATE *5/11/01*  
CONDITIONS OF APPROVAL, IF ANY: