Submit 3 Copies to Appropriate District Office

State of New Mexico ,,, Minerals and Natural Resources Departme

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

WELL API NO.

| | Old Santa Fe Trail | | 30-015-02037 | |
|---|------------------------------|---|--|--------|
| DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210 | | | 5. Indicate Type of Lease | |
| DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410 | | | | EE |
| 2000 100 21200 100, 20200, 1011 07410 | | | | |
| 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.) | | | 7. Lease Name or Unit Agreement Name Cowtown Unit | |
| 1. Type of Well: | | | 7 | |
| OIL WELL XX WELL | OTHER | | | |
| 2. Name of Operator | | | 8. Well No. 401 | |
| GP II Energy, Inc. 3. Address of Operator | | | 9. Pool name or Wildcat | |
| P. O. Box 50682, Midland, TX. 79710 | | | Artesia Queen Grayburg S | 3A |
| 4. Well Location | | | | |
| Unit Letter D : 321.5 Feet From | The North | Line and 964. | 4 Feet From The West | Line |
| Section 24 Township | | nge 28E | NMPM Eddy C | County |
| | Elevation (Show whether | DF, RKB, RT, GR, €ic.) | <u> </u> | |
| 11 1 | | | Report, or Other Data | |
| NOTICE OF INTENTION TO: SUB | | | BSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK PLUGAN | ID ABANDON | REMEDIAL WORK | ALTERING CASING | |
| TEMPORARILY ABANDON CHANGE | PLANS | COMMENCE DRILLIN | G OPNS. PLUG AND ABANDONM | ENT L |
| PULL OR ALTER CASING CASING TEST AND CE | | | | |
| OTHER: | | OTHER: Request | TA Status NO. | X |
| 12. Describe Proposed or Completed Operations (Clearly stewark) SEE RULE 1103. | ate all pertinent details, a | und give pertinent dates, in | cluding estimated date of starting any proposed | |
| 11-12-97 Pump 130 bbl. water d Attempt to pressure u Will plug and abandon Request Temporarily A WCZCC WCGCOS | p on casing. | Casing would r mately 4-1-98. us. NO. | Not hold pressure. 18192027222000 RECEIVED RECEIVED OCD - ARTESIA OCD - ARTESIA | |
| I hereby certify that the information above is true and complete to the | | | | |
| S'ONATURE COLORES B. D. Carte | π | ne Agent | DATE _12-16-97 | |
| TYPEOR PRINT NAME Elaine B. McCarty | | | TELEPHONE NO. (915) 684–4748 EXT | . 5 |
| (This space for State Use) SUPERVISOR, DIST. | | | DEC 3 n 1997 | |
| APPROVED BY | т | TLE | DATE | |