

CTSR
JP

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. 30-015-02037
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name COWTOWN UNIT
8. Well No. 401
9. Pool name or Wildcat ARTESIA QUEEN GRAYBURG SA

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator GP II ENERGY, INC.	3. Address of Operator PO BOX 50682 MIDLAND, TEXAS 79710
4. Well Location Unit Letter D : 321.5 Feet From The North Line and 964.4 Feet From The West Line Section 24 Township 18S Range 28E NMPM Eddy County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)		

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input 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.

WE ARE REQUESTING A 1 YEAR (1-YR) EXTENSION OF APPROVAL FOR TEMPORARY ABANDONMENT.

Requirement for TA STATUS

CIRP ran & set 100' above Top Perforations.

M.I.T. run on casing. Min. test pressure 300# for 30 minute test period
Recorded on chart recorder.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE George P. Mitchell II TITLE President DATE 10-03-00
TYPE OR PRINT NAME George P. Mitchell II TELEPHONE NO. 915-684-4748

(This space for State Use)

APPROVED BY Mike Stillfield TITLE Field Rep II DATE 10/11/2000

CONDITIONS OF APPROVAL, IF ANY:

* Notifie N.M.O.C.D. to witness M.I.T.