

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.
30-015-20185

5. Indicate Type of Lease **FEDERAL** STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
LC-068064

7. Lease Name or Unit Agreement Name
**NORTH SQUARE LAKE UNIT
(Grier #17)**

8. Well No.
102

9. Pool name or Wildcat
Square Lake

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 ☐ GAS WELL ☐ OTHER **Injector**

2. Name of Operator
GP II ENERGY, INC.

3. Address of Operator
PO Box 50682 Midland, Texas 79710

4. Well Location
Unit Letter **A** : **330** Feet From The **North** Line and **660** Feet From The **East** Line
Section **31** Township **16-S** Range **31-E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3845' GR

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <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.

RECEIVED
OCD - ARTESIA

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 TELEPHONE NO. (915) 684-4748

(This space for State Use)

APPROVED BY Record Only TITLE _____ DATE 3/14/01
CONDITIONS OF APPROVAL, IF ANY: