Submit 1 Copy To Appropriate District Office		New Mexic		Form C-103	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	Revised July 18, 2013
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-10515-00- 5. Indicate Type of	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE [X FEE □
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505			6. State Oil & Ga B-934	s Lease No.
	ICES AND REPORTS C			7. Lease Name or	Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)		RM C-101) FOR S	SUCH	New Mexico M S	
1. Type of Well: Oil Well	Gas Well 🛛 Other	H	OBBS OCT	8. Well Number	25
2. Name of Operator GP II Energy Inc.	/	S	EP 2 5 2015	9. OGRID Numb	er
3. Address of Operator P.O. Box 50682 Midland TX 7971	10			10. Pool name or	· ·
4. Well Location			DECEIVED	Langley Mattix /	Rives, Qn, Greyberg
Unit Letter L 1980	: feet fr	om the Soi	ıth l	ine and 660'	feet from the
Westlinc a. (1)				_	
Section : 29	Township			37E NMPM	County Lea
	11. Elevation (Show w 3391' E		KB, RT, GR, etc.)		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REI TEMPORARILY ABANDON CHANGE PLANS CO PULL OR ALTER CASING MULTIPLE COMPL CA DOWNHOLE COMMINGLE OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated one of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 1. MIRUPU w/ Rev Rig, Run gauge ring or impression block on tbg to top of fish @ 376' TOH 2. PU Overshot w/ cut lip guide and TIH to engage 2 7/8" casing, latch fish, Run free point on 2 7/8" casing 3. Cut 2 7/8" csg 15' above free point, If at sufficient depth to plug, begin plugging as per OCD requirements 4. If not at sufficient depth to plug TIH w/ wash pipe and wash over fish to achieve sufficient depth then begin plugging operations as per OCD requirements					
Spud Date: TBA	Rig	Release Date:	MUST B	E NOTIFIED 24	LHours
•				e beginning of o	perations
I hereby certify that the information SIGNATURE	n/ /	1	of my knowledge		те <u> <i>8-12-15</i></u>
Type or print name //c/ /op E-mail address: nhood@h) pero. comeHONE: 437 664 9048					
APPROVED BY: Majur & Fraion FITLE Dist. Supervisor DATE 9/28/2015 Conditions of Approval (if any):					