

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 88241-1980

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.

3D-025-07216

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

2. Name of Operator

GP II ENERGY CORPORATION

3. Address of Operator

P.O. BOX 50682 MIDLAND, TEXAS 79702

8. Well No.

2

9. Pool name or Wildcat

BRONCO WOLFCAMP

4. Well Location

Unit Letter A: 1980 Feet From The WEST Line and 330 Feet From The SOUTH Line

Section 35 Township 12-S Range 38-E NMPM LEA County

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

3806' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

SET 5-1/2" CIBP @ 8990'; CAP W/ 35' CMT.

SPOT 50 SXS CMT; 50' IN & 50' OUT 5-1/2" CSG STUB; WOC & TAG.

SPOT 50 SXS 4629'-4739' (8-5/8" SHOE); WOC & TAG.

SPOT 45 SXS 469'-369' (13-3/8" SHOE). *will need to perk 8 5/8 @ 469*

SPOT 15 SXS 30'-SURFACE.

INSTALL DRY HOLE MARKER.

THE FOLLOWING MUST BE NUMBERED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE CIBP
TO BE APPROVED.

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

SIGNATURE

Joey Fields

TITLE AGENT

DATE 7-15-96

TYPE OR PRINT NAME JOEY FIELDS

TELEPHONE NO. (915)563-0430

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

JUL 19 1996

CONDITIONS OF APPROVAL, IF ANY:

dp