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.
30-025-87218

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.)

7. Lease Name or Unit Agreement Name

BRONCO WOLFCAMP UNIT

1. Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER   INJECTION

2. Name of Operator
GP II ENERGY CORPORATION

8. Well No.
7

3. Address of Operator
P.O. BOX 50682 MIDLAND, TEXAS 79702

9. Pool name or Wildcat
BRONCO WOLFCAMP

4. Well Location
Unit Letter J : 2110 Feet From The SOUTH Line and 1813 Feet From The EAST Line

Section 2   Township 13-S   Range 38-E   NMPM   LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3810' RKB

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 @ 9000'; CAP W/ 35' CMT.
CIRC HOLE W/ 10# BRINE W/ 25# SALT GEL PER BBL.
SPOT 50 SXS; 50' IN & 50' OUT 5-1/2" CSG STUB; WOC & TAG.
SPOT 50 SXS 4622'-4522' (8-5/8" CSG SHOE); WOC & TAG.
SPOT 45 SXS 375'-275' (13-3/8" CSG SHOE). WILL NEED TO PERF 8 5/8 @ 375'
SPOT 15 SXS 30'-SURFACE.
INSTALL DRY HOLE MARKER

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

SIGNATURE _____   TITLE AGENT   DATE 7-15-96

TYPE OR PRINT NAME JOEY FIELDS   TELEPHONE NO. (915)563-0430

(This space for State Use)

JUL 1 5 ...

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: