

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 APIN NO.
38-025-07220

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

8. Well No.
6

2. Name of Operator
GP II ENERGY CORPORATION

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

9. Pool name or Wildcat
BRONCO WOLFCAMP

4. Well Location
Unit Letter *G*: 1980 Feet From The NORTH Line and 1786 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.)
3804' RKB

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:

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 PLUG; 50' IN & 50' OUT OF 5-1/2" CSG STUB; WOC & TAG.
SPOT 50 SXS PLUG 4649'-4549' (8-5/8" SHOE); WOC & TAG.
SPOT 45 SXS PLUG 380'-280' (13-3/8" SHOE). *will need to port 35' @ 380'*
SPOT 15 SXS PLUG 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 *Joey Fields* TITLE AGENT DATE 7-15-96

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUL 19 1996

CONDITIONS OF APPROVAL, IF ANY: