State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 OIL CONSERVATION DIVISION		WELL API NO.
DISTRICT II Santa Fe New Mexico 87504 2088		30-025.07221
P.O. Drawer DD, Ariesia, NM 88210		5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		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 GAS WELL X WELL OTHER		DIGITOS NOCI GALL GIVI
2. Name of Operator		8. Well No.
G.P. II ENERGY CORPORATION 3. Address of Operator		5
P.O. BOX 50682 MIDLAND TEXAS 79702		9. Pool name or Wildcat BRONCO WOLFCAMP
Unit Letter C: 660 Feet From T	he SOUTH Line and 198	BO Feet From The WEST Line
Section 2 Township	13-SOUTH Range 38-EAST	NMPM LEA, NEW MEXICO County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3809' DF)
11. Check Appropriate B	ox to Indicate Nature of Notice,	Report, or Other Data
***		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND	ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE F	LANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT X
PULL OR ALTER CASING	CASING TEST AND CE	MENT JOB
OTHER:	OTHER:	
12. Describe Proposed or Completed Operations (Clearly work) SEE RULE 1103.	state all pertinent details, and give pertinent dat	es, including estimated date of starting any proposed
2) 8-6-96 CIRC HOLE W/ 32 VIS 3) 8-7-96 CUT & LAY DOWN 5436° 4) 8-8-96 SPOT 50 SX CMT @ 551	OF 5-1/2" CSG 8' W/ 2% CALC WOC & TAG @ 5349' 5' W/ 2% CALC WOC & TAG @ 4500' ' (PLUG # 4 414'- 314') (PLUG # 5 50' - SURF.) KER	(PLUG # 2 5518'-5349') (PLUG # 3 4625'-4500')
1		roved as to plugging of the Well Bore lity under bond is remined muril ce restoration is completed.
I hereby certify that the information above is the and complete to t	ne best of my knowledge and belief.	
SIGNATURE (CLASSIC)	TITLE AGENT	DATE 8-22-96
TYPE OR PRINT NAME JOEN FIELDS		TELEPHONE NO. 915-570-0829
(This space (for State Use)	(let. Will)	157 2 3 307
APPROVED BY CARY W	WINK	DATE
CONDITIONS OF APPROVAL, IF ANY:	REPRESENTATIVE II/STAFF MANAGI	