

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-025-27049

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

BRONCO WOLFCAMP UNIT

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

G P II ENERGY CORPORATION

3. Address of Operator

P.O. BOX 50682 MIDLAND, TEXAS 79702

8. Well No.

9

9. Pool name or Wildcat

BRONCO WOLFCAMP

4. Well Location

Unit Letter A : 990 Feet From The NORTH Line and 330 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.)

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.

- 1) SET 5-1/2" CIPB @ 8975'.
- 2) CIRC HOLE W/ 10# BRINE W/ 25# SALT GEL/BBL.
- 3) SPOT 25 SXS CLASS (C) CMT - PLUG #2 8795' - 8722'.
- 4) SPOT 50 SXS CLASS (C) CMT 5278'; WOC & TAG @ 5056'.
- 5) SPOT 50 SXS CLASS (C) CMT 4672'; WOC & TAG @ 4507'.
- 6) SPOT 45 SXS CLASS (C) CMT 375' - 201'.
- 7) CIRC 15 SXS TO SURF 30' - SURFACE.

P&A COMPLETE 7-26-96.

Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.

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

SIGNATURE

TITLE AGENT

DATE 7-26-96

TYPE OR PRINT NAME JOEY FIELDS

TELEPHONE NO. (915)563-0430

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

GARY W. WINK  
OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

JAN 23 2001

df