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State of New Mexico

Form C-103

Energy Ainerals and Natural Resources Department Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 310 Old Santa Fe Trail, Room 206 30-025-10373 DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. B-934 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: X New Mexico M State WELL. WELL. OTHER 2. Name of Operator 8. Well No. GP II Energy, Inc. 13 Address of Operator 9. Pool name or Wildcat 79710 Langlie Mattix SR Qn Grayburg P. O. Box 4. Well Location 0. Box 50682 Midland, TX. ____ Line and ____1980 _ Feet From The ___West Unit Letter K : 1980 Feet From The South 20 Section 22S Range 37E NMPM Township Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3377' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING REMEDIAL WORK COMMENCE DRILLING OPNS. TEMPORARILY ABANDON **CHANGE PLANS** PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB X OTHER: RTI 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. Return to injection.

| I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE | pe and belief. πημε Agent | DATE 8-28-97 |
|--|------------------------------|--------------|
| TYPEOR PRINT NAME Elaine B. McCarty | TELEPHONE NO. | 915 684-4748 |
| (This apace for State Use) | THIGHNAL COM 12 | JAN 1 3 2993 |
| APPROVED BY | - THE PETROLEUM SIGNAL OF | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | | |