

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 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-10515
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-934
7. Lease Name or Unit Agreement Name NEW MEXICO "M" STATE
8. Well No. 25
9. Pool name or Wildcat LANGLIE MATTIX
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3392' DF

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTION	
2. Name of Operator GP II ENERGY, INC.	
3. Address of Operator PO BOX 50682 MIDLAND, TEXAS 79710	
4. Well Location Unit Letter "L" : 1980 Feet From The South Line and 660 Feet From The West Line Section 29 Township 22-S Range 37-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3392' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
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.	

GP II PLANS TO REPAIR CASING LEAK AND RETURN THIS WELL TO AN ACTIVE INJECTOR.
THIS WORK WILL START IN APPROX. 60 - 90 DAYS.

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

SIGNATURE Tonya Garza TITLE Production Analyst DATE 03-28-2001
TYPE OR PRINT NAME Tonya Garza TELEPHONE NO. 915-684-4748

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: