

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
En , 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. 30-025-10517
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name New Mexico M State
8. Well No. 34
9. Pool name or Wildcat LANGLIE MATTIX 7R QN GRAYBURG

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 ☐ GAS WELL ☐ OTHER WIW	
2. Name of Operator GP II ENERGY, INC.	
3. Address of Operator P. O. BOX 50682 MIDLAND, TX. 79710	
4. Well Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>29</u> Township <u>22 S</u> Range <u>37E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKE, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: REPAIR TBG. & PKR. LEAK ☒	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.

VERBAL AUTORIZATION FROM G. WINK

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

SIGNATURE Elaine B. McCarty TITLE AGENT DATE 8-11-97
TYPE OR PRINT NAME ELAINE B. MCCARTY TELEPHONE NO. 915 684-4748

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 11 1997