Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II			30-025-10524- 98-00	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		1	FEE
District IV	Santa Fe, NM	87505		Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM				
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			7. Lease Name or Unit Agreement Name: New Mexico M State	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			New Mexico M	Otate
2. Name of Operator	Other		8. Well No.	
GP II Energy, Inc			036	
3. Address of Operator			9. Pool name or Wildcat	
PO Box 50682 - Midland, Texas 79710			Langle Mattix	
4. Well Location				
Unit Letter P : 66	feet from the South	line and <u>6</u>	60feet from	the East line
Section 30	Township 22S	Range 37E	NMPM	Lea County
	10. Elevation (Show whether	DR, RKB, RT, GR, etc	c.)	
	ppropriate Box to Indicate			
NOTICE OF INT		1	SEQUENTRE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON []	REMEDIAL WOR	K L	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AI CEMENT JOB	ND 🗆	
OTHER:		OTHER: Violation	n Correction	
12. Describe proposed or completed starting any proposed work). SEI recompilation.				
Valves Open on flowline to correct	violation.			
I hereby certify that the information at	oove is true and complete to the	e best of my knowledge	e and belief.	
Man &	la -			D . TT 05/45/00
SIGNATURE OF THE PROPERTY OF T	TITLE	<u>Agent</u>		<u>DATE 07/15/02</u> 915 684-4748
Type or print name Shawn Brown				Telephone No.
(This space for State use)	. .			
(F 137 Simile mass)	ORIG CARV	NAL SIGNED BY		JUL 2 3 2002
APPPROVED BY		W. WINK ELD representativ	F 11 /A#	DATE
Conditions of approval if any		UPI VESCIALVIA	E 11/STAFF MANIA	CEB

J C S