Submit 3 Copies to Appropriate District Office		or New Mexico 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 P.O. Box 2088 Santa Fe, New Mexico 87504-2088			WELL API NO.	1	
			30-025-10534  5. Indicate Type of Lease		
			STATE X FEE 6. State Oil & Gas Lease No.  B-934		
SUNDRY NO	TICES AND REPORTS	S ON WELLS		ь-934	
( 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.)			. Lease Name or U	7. Lease Name or Unit Agreement Name  NEW MEXICO "M" STATE	
1. Type of Well: OIL GAS WELL WELL	OTHER	WATER INJECTION			
2. Name of Operator  GP II ENERGY, INC.			8. Well No.	14	
3. Address of Operator			9. Pool name or Wi	9. Pool name or Wildcat	
PO BOX 50682 MIDALND, TEXAS 79710			LANGLIE M	LANGLIE MATTIX	
Unit Letter "H" : 1	980 Feet From The No.	rth Line and 6  Range 37-E		T.A.	
Section 3.	10. Elevation (S	how whether DF, RKB, RT, GR, etc.)	NMPM L	EA County	
Check		3399' DF	Daniel an Orland		
NOTICE OF IN		Indicate Nature of Notice, SU	Report, or Other I BSEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABAND			LTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI		LUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND		EGG AND ABANDONNIEN	
OTHER: OTHER:					
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertina	ent details, and give pertinent dates, inc	cluding estimated date of s	tarting any proposed	
GP II PLANS TO STA	RT PLUGGING PROC	EDURES ON THIS WELL W	ITHIN 60 DAYS.		
1. MOVE IN AND RI					
2. SET CIBP @ 3555 3. PERFORATE 2-7/8	5' (100' above p	perfs @ 3655' - 3756') 'AND SET 23 SXS CEMEN	) TAC	5	
		AND SET 25 SXS CEMEN			
	4' - 254' AND TAG	}			
6. SET 60' PLUG AT 7. CLEAN LOCATION					
TO COMMITTEE TO CONTINUE TO CO	IND HOVE OIT.				
	•				
I hereby certify that the information above is tr	nue and complete to the best of my l	knowledge and belief.	<u></u>		
SIGNATURE Jonya	Garza		n Analyst	DATE 03-28-01	
TYPE OR PRINT NAME TONYA	GARZA	·		TELEPHONE NO. 915-684-47	
(This space for State Use)					
APPROVED BY		TITLE	ard :	- DATE	

CONDITIONS OF APPROVAL, IF ANY:

THE COMMISSION MUST BE NOTIFIED 2X HC PROGRAM OFFRATIONS FOR THE C-103 TO BE APPROVED.