

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-21274- 00-00
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator GP II Energy, Inc		6. State Oil & Gas Lease No. B-934
3. Address of Operator PO Box 50682 - Midland, Texas 79710		7. Lease Name or Unit Agreement Name: New Mexico M State
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>20</u> Township <u>22S</u> Range <u>37E</u> NMPM Lea County		8. Well No. 047
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3380'		9. Pool name or Wildcat Langle Mattix

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Violation Correction ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

P/A Clean Up Completed.

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

SIGNATURE Shawn Brown TITLE Agent DATE 07/16/02

915 684-4748
Telephone No.

Type or print name Shawn Brown
(This space for State use)

APPROVED BY _____
Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY WINK

DATE JUL 23 2002