| Office  | trict State o   | State of New Mexico |                            | Form C-103                           |  |
|---|---|---------------------|----------------------------|--------------------------------------|--|
| District I  | Energy, Minera  | ls and Natura       | al Resources               |                                      | Revised March 25, 1999                         |
| <u>District I</u><br>1625 N. French Dr., Hobbs, NM 882  | <del></del> -   |                     |                            | WELL API NO.                         |  |
| District II   |   | DVATION"            | DIMICION                   | 30-025-24300 <del>-€</del>           |  |
|   | OLW Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION |                     |                            | 5. Indicate Type                     | of Lease                                       |
| District III 1220 South St. Francis Dr.   |   |                     | STATE                      | FEE 🗌                                |  |
| 1000 Rio Brazos Rd., Aztec, NM 874  | Santa Santa   | Fe, NM 875          | 505                        | 6. State Oil & 0                     | Gas Lease No.                                  |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM  |   | ŕ                   |                            |                                      |  |
| 87505   |   |                     |                            |                                      |  |
| SUNDRY  | NOTICES AND REPORTS   | ON WELLS            |                            | 7. Lease Name of                     | or Unit Agreement Name:                        |
| (DO NOT USE THIS FORM FOR P   | ROPOSALS TO DRILL OR TO DE                                  | EEPEN OR PLUC       | G BACK TO A                |                                      |  |
| DIFFERENT RESERVOIR. USE "A   | APPLICATION FOR PERMIT" (FO                                 | ORM C-101) FOR      | RSUCH                      | New Mexico M                         | State  |
| PROPOSALS.)   |   |                     |                            |                                      |  |
| 1. Type of Well:  | U. D. Oshan   |                     |                            |                                      |  |
| Oil Well X Gas Wel  | li Other  |                     |                            | 8. Well No.                          |  |
| 2. Name of Operator   |   |                     |                            | 069                                  |  |
| GP II Energy, Inc   |   |                     |                            |                                      | Wildon   |
| 3. Address of Operator PO Box 50682 – Midland, Texas 79710  |   |                     |                            | 9. Pool name or Wildcat              |  |
|   | nd, Texas 79710   |                     |                            | Langle Mattix                        |  |
| 4. Well Location  |   |                     |                            |                                      |  |
| , ,   |   |                     |                            | 000                                  | . Mark II                                      |
| Unit Letter 1 L   | : 1360 feet from the  | South               | line and                   | 220 feet from t                      | he <u>West</u> line                            |
| — <b>-</b> -  |   |                     |                            |                                      | _  |
| Section 29  | Township  | 22S I               | Range 37E                  | NMPM L                               | ea County                                      |
|   | 10. Elevation (Sho  | w whether DR        | , RKB, RT, GR, et          | c.)                                  |  |
|   |   |                     |                            |                                      |  |
| 11 Ch   | eck Appropriate Box to                                      | Indicate Na         | ture of Notice             | Report or Other                      | r Data   |
| II. CII   | CCK Appropriate Box to                                      |                     | CI IE                      | SEQUENT RE                           | EPORT OF:                                      |
|   | F INTENTION TO:   |                     |                            |                                      | ALTERING CASING                                |
| PERFORM REMEDIAL WOR  | RK 📗 PLUG AND ABAND   |                     | REMEDIAL WO                | <i>'</i> Λ ⊔                         | ALIENING CACING E                              |
|   |   |                     | COMMENCE DE                | DILLING ODNIS                        | PLUG AND                                       |
| TEMPORARILY ABANDON   | ☐ CHANGE PLANS  |                     | COMMENCE DE                | RILLING OPNS.                        | ABANDONMENT                                    |
|   |   |                     | CASING TEST A              | ND D                                 | ABANDONWENT                                    |
| PULL OR ALTER CASING  | ☐ MULTIPLE  |                     | CEMENT JOB                 |                                      |  |
|   | COMPLETION  |                     | CEMENT 300                 |                                      |  |
| OTUED.  |   |                     | OTHER: Violation           | on Correction                        |  |
| OTHER:  |   | _                   | [7]                        |                                      |  |
| 12. Describe proposed or cor  | k). SEE RULE 1103. For N                                    | Multiple Comp       | oletions: Attach w         | rellbore diagram of                  | proposed completion or                         |
| recompilation.  |   |                     |                            |                                      |  |
| recompilation.  | a haw much proceure buil                                    | ldun Panor          | ting verbally to G         | Sany Wink Hobbs                      | – OCD.   |
|   | e how much pressure buil                                    | ld up. Repor        | ting verbally to 0         | Sary Wink, Hobbs                     | - OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to C         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to C         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to C         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to C         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to 0         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to 0         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to 0         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to C         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to C         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to C         | Sary Wink, Hobbs                     | – OCD.   |
| recompilation.  | e how much pressure buil                                    | ld up. Repor        | ting verbally to G         | Gary Wink, Hobbs                     | – OCD.   |
| recompilation. Testing once a month to se   |   |                     |                            |                                      | - OCD.   |
| recompilation.  |   |                     |                            |                                      | - OCD.   |
| recompilation. Testing once a month to se   |   |                     |                            |                                      | - OCD.   |
| recompilation.  Testing once a month to se  I hereby certify that the inform  |   | aplete to the be    | est of my knowled          |                                      |  |
| recompilation. Testing once a month to se   |   |                     |                            |                                      | DATE 07/15/02                                  |
| recompilation.  Testing once a month to se  I hereby certify that the inform  SIGNATURE   | nation above is true and com                                | aplete to the be    | est of my knowled          |                                      | DATE 07/15/02<br>915 684-4748                  |
| recompilation.  Testing once a month to se  I hereby certify that the inform  SIGNATURE   | nation above is true and com                                | aplete to the be    | est of my knowled<br>Agent | ge and belief.                       | DATE 07/15/02                                  |
| recompilation.  Testing once a month to se  I hereby certify that the inform  SIGNATURE  Type or print name Shawn   | nation above is true and com                                | aplete to the be    | est of my knowled  Agent   | ge and belief.                       | DATE 07/15/02<br>915 684-4748                  |
| recompilation.  Testing once a month to se  I hereby certify that the inform  SIGNATURE   | nation above is true and com                                | aplete to the be    | est of my knowled  Agent   | ge and belief.                       | DATE 07/15/02<br>915 684-4748<br>Telephone No. |
| recompilation.  Testing once a month to se  I hereby certify that the inform  SIGNATURE  Type or print name Shawn  (This space for State use)               | nation above is true and com                                | aplete to the be    | Agent One                  | ge and belief.  - GrGNZU BY F. KAUTZ | <u>DATE 07/15/02</u><br>915 684-4748           |
| recompilation.  Testing once a month to se  I hereby certify that the inform  SIGNATURE  Type or print name Shawn  (This space for State use)  APPPROVED BY | nation above is true and com  Brown                         | aplete to the be    | Agent One                  | ge and belief.                       | DATE 07/15/02<br>915 684-4748<br>Telephone No. |
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