Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 Revised March 25, 1999	
District I	Energy, Minerals and Natural Resources		WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II			30-025-24510 -00-00	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease	
District III	1220 South St. Francis Dr.		STATE S FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				
87505	PES AND DEPORTS ON WELLS		7. Lease Name or Unit Agreement Name:	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Ecuse Hame of Omerigicalisms	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			New Mexico M State	
PROPOSALS.)				
1. Type of Well: Oil Well Gas Well Other				
Oil Well Gas Well Other 2. Name of Operator			8. Well No.	
GP II Energy, Inc		055		
3. Address of Operator			9. Pool name or Wildcat	
PO Box 50682 – Midland, Texas 79710		Langle Mattix		
4. Well Location				
4. Well Education				
Unit Letter O: 1150 feet from the South line and 1490 feet from the East line				
Section 19		Range 37E	NMPM Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
CNI di Dina Dete				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON 🗌	REMEDIAL WOR	K ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND	
TEMPORARILY ABANDON L	CHANGE PEANS	OCIVILIZATE DIX	ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE	CASING TEST A	ND 🗆	
	COMPLETION	CEMENT JOB		
OTHER.		OTHER: Violatio	n Correction	
OTHER:		l 🕅		
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.				
Installed Well Sign – Violation Co	rrected.			
	<u> </u>			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
$\langle \cdot \rangle / \mathcal{F}$				
	TITLE	Agont	DATE 07/15/02	
SIGNATURE /	TITLE_	Agent	915 684-4748	
Time or print name Shawn Brown	1		Telephone No.	
Type of print name. Snawn Brown				
(1 mis space for State use)	(This space for State use)			
A DDDD OVED BY				
ΔPPPROVED RY	ORIGINAL SIGNE GARY WTWIJEK		DUTE 2 3 2602	
APPPROVED BY Conditions of approval, if any:	ORIGINAL SIGNE GARY WTWINEK OC FIELD REPRES		DUTE 2 3 2692	