

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. 30-025-24511- <del>00-00</del>
1. Type of Well: Oil Well <input checked="" 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.
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>A</u> : <u>170</u> feet from the <u>North</u> line and <u>170</u> feet from the <u>East</u> line  Section <u>30</u> Township <u>22S</u> Range <u>37E</u> NMPM <u>Lea</u> County		8. Well No. 057
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Langle Mattix

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Violation Correction <input checked="" type="checkbox"/>

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.

Well Sign on order will be installed when recieved.

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 07/15/02  
Type or print name Shawn Brown 915 684-4748  
(This space for State use) Telephone No.

APPPROVED BY GARY W. WINK TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER JUL 23 2002  
Conditions of approval, if any: