

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-11320
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1506
7. Lease Name or Unit Agreement Name Langlie Jal Unit
8. Well No. 5
9. Pool name or Wildcat Langlie Mattix SRQ
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3262 GR

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection
2. Name of Operator GP II Energy, Inc.
3. Address of Operator P. O. Box 50682
4. Well Location Unit Letter <u>B</u> : <u>900</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>Lea</u> County

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Clean out, perf, acidize</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

- On or about April 23, 1996:
- * Clean out open hole to 3580'
 - * Run 4½" liner from 3350 to TD
 - * Perforate and acidize unitized interval
 - * Return to injection

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

SIGNATURE George P. Mitchell, II TITLE President DATE 3-28-96

TYPE OR PRINT NAME George P. Mitchell, II TELEPHONE NO. 915-684-4748

(This space for State Use)

ORIGINAL SIGNED BY LEAH BY SEXTON

APPROVED BY DISTRICT SUPERVISOR TITLE DATE APR 2 1996

CONDITIONS OF APPROVAL, IF ANY:

