## Submit 3 Copies to Appropriate District Office

1. Type of Well: OIL.

2. Name of Operator

3. Address of Operator

DISTRICT

P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 83210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

work) SEE RULE 1103.

OIL	<b>CONSERVATION DIVISION</b>
	310 Old Santa Fe Trail, Room 206

ubmit 3 Copies Appropriate istrict Office	State of New Mexico Energy, Ferals and Natural Resources Department	Form C-103 Revised 1-1-89
ISTRICT I O. Box 1980, Hobbs, NM 88240 ISTRICT II O. Drawer DD, Anteria, NM 88210 ISTRICT III OO Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503	WELL API NO.  30-025-11470  5. Indicate Type of Lesse  STATE  6. State Oil & Gas Lesse No.
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	TICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ERVOIR. USE "APPLICATION FOR PERMIT" C-101) FOR SUCH PROPOSALS.)  OTHER Injection	7. Lease Name or Unit Agreement Name  Langlie Jal Unit
Name of Operator  GP II Energy, Inc.  Address of Operator  P. O. Box 50682	Midland, Tx. 79710	8. Well No.  Langlie-Jal-Unit #69  9. Pool name or Wildcal  Langlie Mattix
Well Location Unit LetterN:660	O Feet From The South Line and	1980 Feet From The West Line

Section 6	Township		nge 37E NMPM	Lea	County	
	10. 1	devation (Show whether	DF, RKB, RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
NOTICE (	OF INTENTION T	O:	SUBSEC	UENT REPORT	OF:	
PERFORM REMEDIAL WORK	PLUGAN	D ABANDON	REMEDIAL WORK	ALTERING	CASING	
TEMPORARILY ABANDON	CIVANGE	PLANS	COMMENCE DRILLING OPNS	S. PLUG AND	ABANDONMENT	
PULL OR ALTER CASING			CASING TEST AND CEMENT	JOB		
OTHER: <u>Squeeze perfs</u>		X	OTHER:			

On or about April 2, 1996, squeeze perfs 3195' - 3360'. Stimulate. RTI

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE	Sort P. Willel I	muePresident	DATE2-29-96		
TYPE OR PRINT HAME	George P. Mitchell, II		TELEPHONE NO. 915-684-4748		
(This space for State Use)			MAR 05 1996		

CONDITIONS OF APPROVAL, IF ANY:

ATTROVED BY ---

- DATE -