Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

N.M. OIL CONS. COMMISSION P.O. BOX 1980

NEW MEXICO 88240

6. If Indian, Allottee or Tribe Name

Expires: March 51, 1995							
5.	Lease	Designat	ion and	Serial 1	No.		4
	891	01158	370	N	M	43	53

SUNDRY NOTICES AND REPORTS ON WELLS

Use "APPLICATION FOR PERMIT—" for such proposals 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE I. Type of Well Oil Gas Well 8. Well Name and No. 2. Name of Operator Langlie Jal #74 9. API Well No. GP II Energy, Inc. 3. Address and Telephone No. 30-025011496 10. Field and Pool, or Exploratory Area P. O. Box 50682 - Midland, Tx. 79710 915-684-4748 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Langlie Mattix 11. County or Parish, State A, 660'FNL & 660'FEL Sec. 8: T25S: R37E Lea County, NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion New Construction ☐ Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form) 13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)* On or about Nov 7, 1995 MIRU & trip existing production equipment Perforate & stimulate additional unit pay from 3160 to 3350 3600 to 3670 Return well to production SEP 13 1395 14. I hereby certify that the foregoing is true and correct President (This space for Federal or State office use MRIG SCD.) JOE G. LARA