Type of Well: WELL

2. Name of Operator

3. Address of Operator

Well Location

Section

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER: Add perfs. Acidize

work) SEE RULE 1103.

11.

DISTRICTI P.O. Box 1980, Hobbs, IVM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

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

GP II Energy, Inc.

P. O. Box 50682

OIL CONSERVATION DIVISION

Revised 1-1-89 WELL API NO. 310 Old Santa Fe Trail, Room 206 30-025-11497 Santa Fe, New Mexico 87503 5. Indicate Type of Lease FEE KX STATE 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACKTO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Langlie Jal Unit onex Injection S. Well No. 9. Pool name or Wildcat Langlie Mattix SRO Midland, Tx. 79710 Unit Letter B: 660 Feet From The North Line and 1980 Feet From The East thip 25S Range 37E

10. Elevation (Show whether DF, RKB, RT, GR, etc.) NMPM Lea County Township Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND CEMENT JOB XX OTHER:_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed On or about May 6, 1996 MIRU. Bit & scrape to bottom. Add perfs in unitized interval from 3222' to 3560'. Acidize & return to injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SKONATURE SKONATURE TIME President	TELEPHONE NO. 915-684-4748
(This space for State Use)	
property costs of the Cost of the Costs of t	MAY 0 6 1996

CONDITIONS OF ATTROVAL, IF ANY:

APTROVED BY