

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. CONS. COMMISSION
FORM APPROVED
1980
NEW MEXICO 88240
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator

GP II Energy, Inc.

3. Address and Telephone No.

P. O. Box 50682 Midland, Tx. 79610 915-684-4748

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

H, 1980' FNL & 660' FEL
S8; T25S; R37E

5. Lease Designation and Serial No.

LC 032511 E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910115870

8. Well Name and No.

Langlie Jal Unit #77

9. API Well No.

30-025-11498

10. Field and Pool, or Exploratory Area

Langlie Mattix (SRQ)

11. County or Parish, State

Lea County, N.M.

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Add Perfs

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ 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 January 16, 1995, set CIBP @ 3485'; add perfs 3370' - 3380'; stimulate; RTI

SUBJECT TO
APPROVAL
DATE

14. I hereby certify that the foregoing is true and correct

Signed [Signature]

Title President

Date 12-5-95

(This space for Federal or State office use)

Approved by [Signature]

Title REGIONAL ENGINEER

Date 1/22/96

Conditions of approval, if any: