Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-23870

5. Indicate Type of Lease STATE ☐ FEE XX

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 BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
Langlie Jal Unit

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Injection

2. Name of Operator
GP II Energy, Inc.

8. Well No.
79

3. Address of Operator
P. O. Box 50682 Midland, Tx. 79710

9. Pool name or Wildcat
Langlie Mattix

4. Well Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line

Section 8 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: Add perfs. Stimulate	X		

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.

4-29-96 - 4-30-96
Perf 3546'-49', 3542'-44', 3531'-34', 3506'-14', 3500'-02', 3488'-96', 3484'-87', 3470'-80', 3464'-68', 3456'-62', 3438'-51', 3430'-3432, 3406'-15', 3376'-3402', 3358'-66', 3312'-54. Stimulate.

5-6-96 - 5-7-96
Squeeze csg 800' - 844'. First squeeze 50 sx. Second squeeze 100 sx. Third squeeze 100 sx.
Pressure test 1000 psi.
Return to Injection.

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

SIGNATURE [signature] TITLE President DATE 5-7-96

TYPE OR PRINT NAME TELEPHONE NO. 915-684-4748

(This space for State Use)

APPROVED BY [illegible] TITLE DISTRICT I SUPERVISOR DATE MAY 17 1996

CONDITIONS OF APPROVAL, IF ANY: