

STRICT I
O. Box 1980, Hobbs, NM 88240
STRICT II
O. Drawer DD, Artesia, NM 88210
STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.	30-025-28405
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Langlie Jal Unit
8. Well No.	102
9. Pool name or Wildcat	Langlie Mattix (SRQ)

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.)

Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Name of Operator GP II Energy, Inc. Address of Operator P. O. Box 50682 - Midland, Tx. 79710 Well Location Unit Letter <u>K</u> : <u>2630</u> Feet From The <u>South</u> Line and <u>2630</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>24S</u> Range <u>37E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
FORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
LOC ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
IER: Add pay in unit interval <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>

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.
On or about December 18, 1995, open additional pay within unitized intervals, stimulate, return to production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE George P. Mitchell TITLE President DATE 11-28-95
PRINT NAME George P. Mitchell TELEPHONE NO. 915-684-4748

APPROVED BY _____ TITLE _____ DATE DEC 14 1995
CONDITIONS OF APPROVAL, IF ANY: