

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

| | |
|------------------------------|---|
| WELL API NO. | 30-025-12783 |
| 5. Indicate Type of Lease | FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | |

| | | | |
|---|--|---|--|
| <p align="center">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.)</p> | | <p>7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT</p> | |
| <p>1. Type of Well:</p> <p>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR</p> | | <p>SECTION 23</p> | |
| <p>2. Name of Operator ALTURA ENERGY LTD.</p> | | <p>8. Well No. 411</p> | |
| <p>3. Address of Operator 1017 W STANOLIND RD.</p> | | <p>9. Pool name or Wildcat HOBBS (G/SA)</p> | |
| <p>4. Well Location</p> <p>Unit Letter <u>A</u> <u>300</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line</p> <p>Section <u>23</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County</p> | | | |
| <p>10. Elevation (Show whether DF, RKB, RTGR, etc.) 3674' GL.</p> | | | |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG & ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: _____ <input type="checkbox"/> | | OTHER: <u>TA</u> MT <input checked="" type="checkbox"/> | |

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

TEST DATE: 04/05/2000

PRESSURE READING INITIAL 340PSI, 15 MIN 340 PSI, 30 MIN 340 PSI

LENGTH OF PRESSURE READING FIELD: 30 MIN

This Approval of Temporary
Abandonment Expires 4/26/2006

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

SIGNATURE Robert Gilbert TITLE LIFT SPECIALIST DATE 04.24.2000
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 26 2000

