

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II

811 S. 1st Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd. Aztec, NM 87410

WELL API NO.	30-025-29063
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
8. Well No.	44 1/2
9. Pool name or Wildcat	HOBBS (G/SA)

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.)	
1. Type of Well:	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator	ALFURA ENERGY LTD
3. Address of Operator	1017 W. Stanolind Rd., HOBBS, NM 88240 505 397-8200
4. Well Location	Unit Letter D : 200 Feet From The NORTH Line and 1310 Feet From The WEST Line Section 30 Township 18S Range 38E NMPM LEA County
10. Elevation (Show whether L.F., RKB, RT GR, etc.)	3658 GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: Convert to Water Injection ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

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.

1. Remove CIBP's at 4000 and 4200.
2. Test perforations at 4033-53 and squeeze if necessary.
3. Add perfs to San Andres zone 3.
4. Acid stimulate.
5. Run injection equipment
6. Notify NMOCID of packer test.

Will not commence injection until permit is approved by NMOCID.

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

SIGNATURE D. Nelson TITLE PROD ENGR DATE 11/17/99  
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505 397-8200

(This space for State Use) ORIGINAL FILED IN DISTRICT I

APPROVED BY [Signature] TITLE [Signature] DATE 11/17/99

CONDITIONS OF APPROVAL IF ANY: