

Submit 3 Copies
Appropriate
District Office

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
300 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025- 07667
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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	South Hobbs (GSA) Unit
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Type of Well:
 OIL WELL GAS WELL OTHER WIW

8. Well No.	72
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Name of Operator
Altura Energy LTD

9. Pool name or Wildcat	Hobbs (GSA)
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Address of Operator
P.O. Box 4294, Houston, TX 77210-4294

Well Location
Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West Line

Section 9 Township 19-S Range 38-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3606' RDB

1. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Casing Integrity Test (Well is SI) <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.

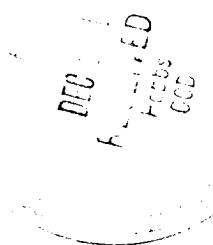
Test Date: 12/1/97

Pressure Reading: 555 psi.

Length of time pressure held: 30 minutes

Test Witnessed: No

This Approval of Temporary
Abandonment Expires 1-26-03 *CSL*



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

SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 1/14/98
(281)
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. 552-1158

(This space for State Use)

JAN 28 1998

ORIGINAL SIGNED BY CHRIS WILLIAMS
APPROVED BY DISTRICT I SUPERVISOR

Amended TA status posted to Ongard
1-9-2002 subsequent to chart review.
Amended copies of C-103's distributed
to appropriate sources

CONDITIONS OF APPROVAL, IF ANY: