State of New Mexico
E _gy, Minerals and Natural Resources Departm_

Form C-103
Revised 1-1-89

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

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

WELL API NO.
3D-025-12514

5. Indicate Type of Lease

| FED | | STATE | X | FEE | |

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 UNIT

1. Type of Well:

Oil Well [ ]   Gas Well [ ]   Other   INJECTOR

2. Name of Operator
ALTURA ENERGY LTD.

8. Well No.   42

3. Address of Operator
1710 WEST STANOLIND RD., HOBBS, NM 88240   505/397-8200

9. Pool name or Wildcat
GRAYBURG SAN ANDRES

4. Well Location

Unit Letter **L**   2310   Feet From The   SOUTH   Line and   990   Feet From The   WEST   Line

Section   4   Township   19-S   Range   38-E   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:

PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]
PULL OR ALTER CASING	[ ]		
OTHER: _____	[ ]		

SUBSEQUENT REPORT OF:

REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
COMMENCE DRILLING OPNS.	[ ]	PLUG & ABANDONMENT	[ ]
CASING TEST AND CEMENT JOB	[ ]		
OTHER: MIT			[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.

PRESSURE TEST CSG TO 300# FOR 30 MIN.   CHART WITNESSED BY THE NMOCD.

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

SIGNATURE   _R. Gilbert_   TITLE   LIFT SPECIALIST   DATE   5-7-98

TYPE OR PRINT NAME   R.N. GILBERT   TELEPHONE NO.   505/397-8206

(This space for State Use)
APPROVED BY   ~~ORIGINAL SIGNED BY GARY WINK FIELD REP. 1~~   TITLE _____   DATE _____