

DISTRICT 1

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. 30-025-07539

5. Indicate Type of Lease
FED STATE 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
NORTH HOBBS (G/SA) UNIT

1. Type of Well:
Oil Well Gas Well Other INJECTOR

SECTION 32

2. Name of Operator ALURA ENERGY LTD

8. Well No. 341

3. Address of Operator 1017 W STANOLIND RD

9. Pool name or Wildcat
HOBBS (G/SA)

4. Well Location
Unit Letter O 330 Feet From The SOUTH Line and 2310 Feet From The EAST Line
Section 32 Township 18-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RTGR, etc.)
3636' GL.

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 <input type="checkbox"/>	MIT <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: 04/03/2000
PRESSURE READING INITIAL: 320PSI, 15 MIN - 320 PSI, 30 MIN - 320 PSI
LENGTH OF PRESSURE READING HELD: 30 MIN



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 _____
ORIGINAL SIGNED BY
SARY WINK
FIELD REP. II

3 JC

APR 25 2000