

DISTRICT I

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240

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

WELL API NO. 30-025-12501-07586

5. Indicate Type of Lease
 FEDERAL STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
 SOUTH HOBBS (G/SA) UNIT

8. Well No. 38

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.)

Type of Well: Oil Well Gas Well Other

Name of Operator: ALTIURA ENERGY LTD.

Address of Operator: 1017 W STANOLIND RD.

Well Location

Unit Letter H : 2205 Feet From The NORTH Line and 1293 Feet From The EAST Line

Section 3 Township 19S 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
 3602' GL.

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

NOTICE OF INTENTION TO:

FORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

REPAIR OR ALTER CASING

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. PLUG & ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER:

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed operations. SEE RULE 1103.

ADVISE THE NMOCD (24 hrs) BEFORE RIG UP. (393-6161)

5" CIBP @4100'.
 7" CIBP W/35' CMT.
 25 SXS CMT FROM 2750' TO 2865'. BOTTOM OF SALT.
 25 SXS CMT FROM 1700' TO 1810'. TOP OF SALT.
 25 SXS CMT FROM 140' TO 250'. BOTTOM OF 9-5/8" SURF CSG @196'.
 1" CSG WITH 10 SXS CMT.

*PERF. 2900'
 BRING CEMENT
 UP TO 2750'*

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS AND THE CHOICE TO BE ABANDONED.

INSTALL DRY HOLE MARKER. DUE TO LOCATION LOCATED IN TOWN, WELD PLATE WITH WELL INFORMATION TO TOP OF MARKER AT LEAST 4' BELOW GROUND LEVEL.

CLEAN LOCATION

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

SUBMITTED BY: Robert N. Gilbert TITLE: LIFT SPECIALIST DATE: 06/29/99

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

APPROVED BY: [Signature] TITLE: _____ DATE: 6-30-99

✓
 GP