

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. 30-025-12501 **D7592**

5. Indicate Type of Lease
FED ☐ STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

8. Well No. 49

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator ALTURA ENERGY LTD.

3. Address of Operator 1017 W STANOLIND RD.

4. Well Location
Unit Letter I : 1980 Feet From The SOUTH 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.)
3615' DF

| 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 checked="" 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"/> | |

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.

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

SET 7" CIBP @4050'.
CAP CIBP W/35' CMT.
SPOT 25 SXS CMT FROM 2710' TO 2810'. BOTTOM OF SALT.
SPOT 25 SXS CMT FROM 1900' TO 2000'. TOP OF SALT.
PERFORATE 7" CSG @400'. CIRC CMT TO SURE. BOTTOM OF 10-3/4" SURE CSG @353'.
CAP CSG WITH 10 SXS CMT.

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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

RDPUL CLEAN LOCATION

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

SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 06/29/99

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

(This space for State Use)

GARY WINK
FIELD REP. II

APPROVED BY GARY WINK TITLE FIELD REP. II DATE 6-30-99