

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.
30-025-07608

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.)

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

2. Name of Operator
 ALTURA ENERGY LTD.

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

4. Well Location
 Unit Letter N 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line
 Section 4 Township 19-S Range 38-E NMPM LEA County

7. Lease Name or Unit Agreement Name
 SOUTH HOBBS UNIT

8. Well No. 54

9. Pool name or Wildcat
 GRAYBURG SAN ANDRES

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: | | 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: <u>MIT</u> <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.

PRESSURE TEST CSG TO 320# FOR 30 MIN. CHART WITNESSED BY THE NMOCD.

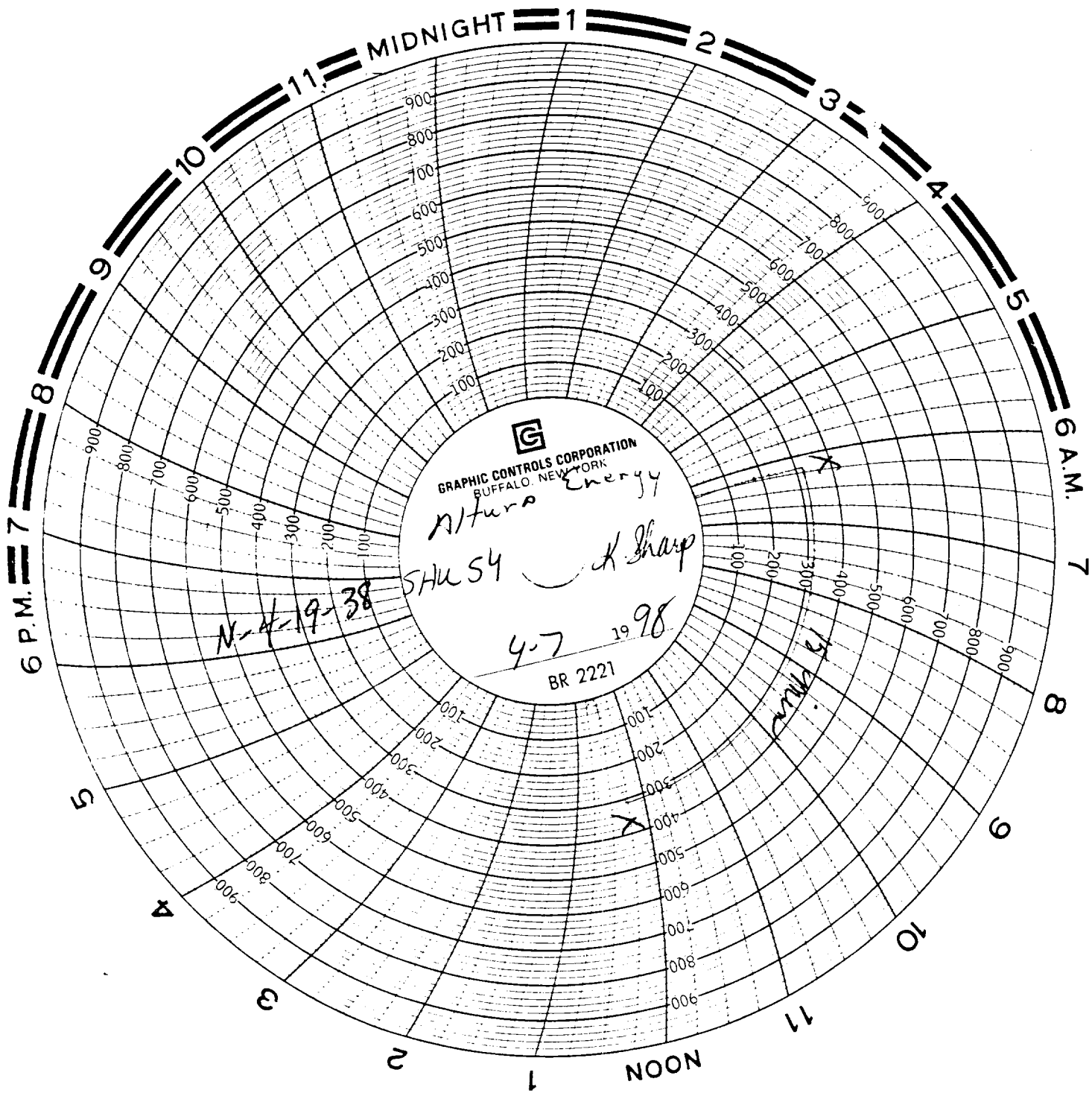
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE R. Gilbert TITLE LIFT SPECIALIST DATE 5-7-88
 TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY GARY WINK ORIGINAL SIGNED BY GARY WINK TITLE _____ DATE MAY 20 1988
 FIELD REP. # _____

J
C
S
N



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Natura Energy

SHU 54 K Sharp

4-7 1998

BR 2221

N-4-19-38

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