State of New Mexico s and Natural Resources Department Energy, Min

| <u>DIS</u> | TRICT I |  |
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| OH | CONS | FRVA | MCIT. | DIVIG   | SION   |
|----|------|------|-------|---------|--------|
|    |      |      |       | 171 7 1 | 7117.3 |

| 1625 N. FRENCH DRIVE, HOBBS, NM 88240                     | 310 Old Santa F                                    | e Trail, Room 206                     | WELL APT NO                               |              |  |
|-----------------------------------------------------------|----------------------------------------------------|---------------------------------------|-------------------------------------------|--------------|--|
| Santa Fe, New Mexico 87503                                |                                                    |                                       | 300250 761100<br>5 Indicate Type of Lease |              |  |
|                                                           |                                                    |                                       |                                           |              |  |
|                                                           |                                                    |                                       | 6 State Oil & Gas Lease No                |              |  |
| SUNDRY NOTICES AN                                         | D REPORTS ON W                                     | ELLS                                  |                                           |              |  |
| (DO NOT USL THIS FORM FOR PROPOSALS )                     |                                                    |                                       | 7 Lease Name or Unit Agreeme              |              |  |
| DIFFERENT RESERVOIR US<br>GORM CARLEOR                    | E "APPI ICATION FOR P<br>SUCH PROPOSALS )          | ERMIT"                                | SOUTH HOBBS (G/SA) UP                     | NIT          |  |
| 1 Type of Well                                            | 30 CH (100) (33)                                   | - NF :                                |                                           |              |  |
| Oil Well X Gas V                                          |                                                    |                                       |                                           |              |  |
| 2 Name of Operator ALTURA ENERGY                          | LTD                                                |                                       | 8 Well No 55                              |              |  |
| 3 Address of Operator 1017 W. STANOLIN                    | D RD                                               |                                       | 9 Pool name or Wildcat                    |              |  |
|                                                           |                                                    |                                       | HOBBS (G/SA)                              |              |  |
| 4 Well Location                                           |                                                    |                                       |                                           |              |  |
| Unit Letter () (60) Leet Fr                               | om The SOUTH                                       | Line and \\\ 980 Fee                  | t From The EAST                           | Line         |  |
|                                                           |                                                    |                                       | <del></del>                               |              |  |
|                                                           | Fownship 19-8<br>vation ( <i>Show whether DE</i> ) |                                       | NMPM                                      | IEA County   |  |
| 36111                                                     |                                                    | · · · · · · · · · · · · · · · · · · · |                                           |              |  |
| 11 Check Approp<br>NOTICE OF INTENTION                    |                                                    | Nature of Notice, Report.             | or Other Data<br>SEQUENT REPORT OF:       |              |  |
|                                                           | ND ABANDON                                         | RI MEDIAL WORK                        | SEQUENT REPORT OF:                        | : verve:     |  |
|                                                           | PLANS                                              | COMMENCE DRIFTING OF                  |                                           | ANDONMENT    |  |
| PULL OR ALTER CASING                                      |                                                    | CASING TEST AND CEMIC                 |                                           |              |  |
| OTHER                                                     |                                                    | OTHER MIT                             | <u> </u>                                  |              |  |
| 12 Describe Proposed or Completed Operations (Clearly     | state all pertinent details.                       |                                       | one estimated date of starting any        | proposed     |  |
| work) SIERUIE 1103                                        | ,                                                  |                                       |                                           |              |  |
| IEST DATE 04/06/99                                        |                                                    |                                       |                                           |              |  |
| PRESSURE READING 340 PSI                                  |                                                    |                                       |                                           |              |  |
| LI NGTH OF PRESSURE READING 15 MI                         | <u>,                                    </u>       |                                       |                                           |              |  |
| TERMINOR IN SOURCE REALIZATION OF THE WIL                 | •                                                  |                                       |                                           |              |  |
| TEST WITNESSED YES                                        |                                                    |                                       |                                           |              |  |
|                                                           |                                                    |                                       |                                           |              |  |
|                                                           |                                                    |                                       |                                           |              |  |
|                                                           |                                                    |                                       |                                           |              |  |
|                                                           |                                                    |                                       |                                           |              |  |
|                                                           |                                                    |                                       |                                           |              |  |
| Thereby certify that the info@ation above is true and con | nulete to the best of my kno                       | owledge and belief                    |                                           |              |  |
| S/1 + 21                                                  | 1.06 -                                             |                                       |                                           | . <b></b>    |  |
| SIGNATURE John //.                                        | Men                                                | TITLE LIFT SPECIM                     |                                           | 04 14 99     |  |
| TYPE OR PRINT NAME R. N. GILBERT                          |                                                    |                                       | TELEPHONENO                               | 505/397-8206 |  |
| (This space for State Use) OFFICINAL SIGNED               | BY                                                 |                                       |                                           | MAV A C 400  |  |
| APPROVED BY GARY WINK FIELD REP. II                       | TITI                                               |                                       | DATE                                      | MAY 0 5 1999 |  |