

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT 1

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-07613
1. Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR		5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator ALITRA ENERGY LTD		6. State Oil & Gas Lease No.
3. Address of Operator 1017 W STANOLIND RD		7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
4. Well Location Unit Letter <u>H</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>5</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County		8. Well No. <u>30</u>
10. Elevation (Show whether DE, RKB, RTGR, etc.) 3608' GL		9. Pool name or Wildcat HOBBS (G/SA)

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 04/19/2000

PRESSURE READING INITIAL 330 PSI, 15 MIN 320 PSI, 30 MIN - 310 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 5 2000

ORIGINAL SIGNED BY  
FILED

JCS

