

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

FILE IN TRIPLICATE

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.	
30-025-07620	
5. Indicate Type of Lease	
FED <input type="checkbox"/>	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
SOUTH HOBBS (G/SA) UNIT	
8. Well No. 29	
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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator	
ALTURA ENERGY LTD.	
3. Address of Operator	
1017 W. Stanolind Rd., HOBBS, NM 88240	505/397-8200

4. Well Location	
Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line	
Section <u>5</u> Township <u>19S</u> Range <u>38E</u> NMPM <u>LEA</u> County	
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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>OAP in San Andres</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	PLUG & ABANDONMENT <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.

1. Pull injection equipment.
2. Perforate 4053--4097.
3. Acid Stimulate.
4. Run injection equipment.
5. Notify state of packer test.

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

SIGNATURE [Signature] TITLE PROD ENGR DATE 5-15-00
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY [Signature] ORIGINAL SIGNED BY GARY WINK TITLE FIELD REP. II DATE 5-15-00
CONDITIONS OF APPROVAL, IF ANY:

