

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. <b>3D-D25-D7623</b>
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>SOUTH HOBBS UNIT</b>
8. Well No. <b>40</b>
9. Pool name or Wildcat <b>GRAYBURG SAN ANDRES</b>

<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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>INJECTOR</b>	
2. Name of Operator <b>ALTURA ENERGY LTD.</b>	
3. Address of Operator <b>1710 WEST STANOLIND RD, HOBBS, NM 88240</b> <b>505/397-8200</b>	
4. Well Location Unit Letter <b>K</b> <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>WEST</b> Line Section <b>5</b> Township <b>19-S</b> Range <b>38-E</b> NMPM <b>LEA</b> 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"/>	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: <b>MIT</b> <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 300# 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 <u>R. Gilbert</u>	TITLE <u>LIFT SPECIALIST</u>	DATE <u>5-7-98</u>
TYPE OR PRINT NAME <u>R.N. GILBERT</u>	TELEPHONE NO. <u>505/397-8206</u>	

(This space for State Use)

APPROVED BY <u>ORIGINAL SIGNED BY</u>	TITLE <u>WINK</u>	DATE <u>MAY 20 1998</u>

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