

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

STRICT I
Box 1980, Hobbs, NM 88240
STRICT II
Box 1980, Artesia, NM 88210
STRICT III
Box 1980, Aztec, NM 87410

WELL API NO.	30-025- 07639
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Hobbs (GSA) Unit
8. Well No.	113
9. Pool name or Wildcat	Hobbs (GSA)

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.

Type of Well:	OIL <input type="checkbox"/>	GAS <input type="checkbox"/>	OTHER <input type="checkbox"/>	WIW <input type="checkbox"/>
Name of Operator	Altura Energy LTD			
Address of Operator	P.O. Box 4294, Houston, TX 77210-4294			

Well Location	Unit Letter	G	: 1650	Feet From The	North	Line and	1650	Feet From The	East	Line
Section	6	Township	19-S	Range	38-E	NMPM	Lea	County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3625' GL										

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"/>
WELL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Casing Integrity Test (Well is SI) <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: 11/24/97

Pressure Reading: 500 psi.

Length of time pressure held: 30 minutes

Test Witnessed: No

This Approval of Temporary
Abandonment Expires 1-20-03 *AW*

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

SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 1/12/98
TYPE OR PRINT NAME Mark Stephens (281)
TELEPHONE NO. 552-1158

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ Amended TA status posted to Ongard
CONDITIONS OF APPROVAL, IF ANY: 1-9-2002 subsequent to chart review.
Amended copies of C-103's distributed
to appropriate sources

IAN 20 1998