

DISTRICT

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO 300250 769700
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEED <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 (09)
9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RTGR, etc.) 3642' DF

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 ALURA ENERGY LTD
3. Address of Operator 1017 W STANOLIND RD
4. Well Location Unit Letter C Section <u>330</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>WEST</u> Line Township <u>19-S</u> Range <u>38-E</u> NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <u>I & A STATUS</u> <input checked="" type="checkbox"/>
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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 04/02/99
 PRESSURE READING 310 PSI
 LENGTH OF PRESSURE READING FIELD 30 MIN.
 TEST WITNESSED NO

This Approval of Temporary Abandonment Expires 5-11-2004

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

SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 04/06/99
 TYPE OR PRINT NAME R N GILBERT TELEPHONE NO 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

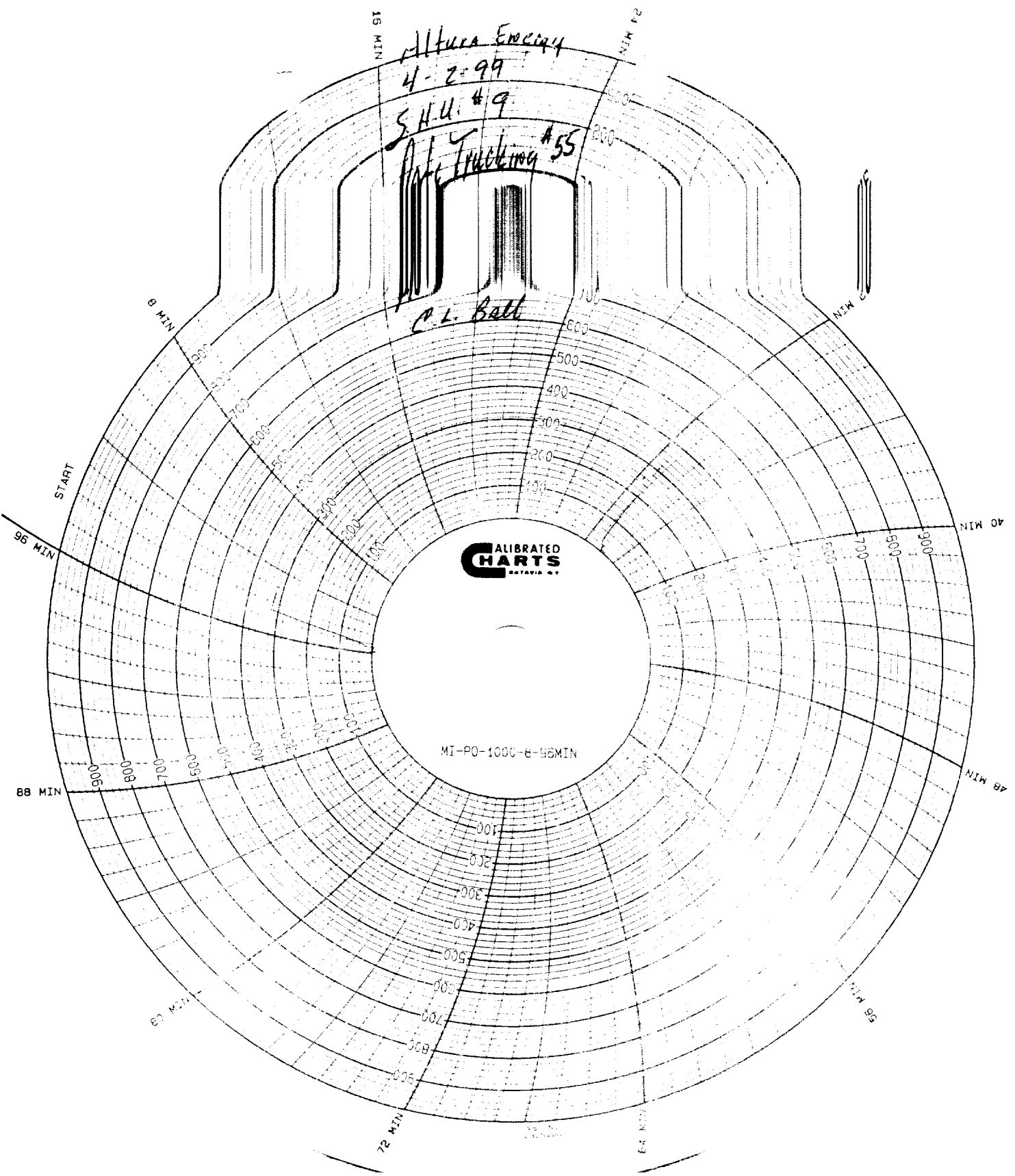
JCG

df

Altura Energy
4-2-99

S.H.U. #9
Pete Trucking #55

C.L. Ball



Altura Energy
H 2-99
S.H.U. #9
Pete Trucking #55
C.L. Ball

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