Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION
P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-07669

5. Indicate Type of Lease   STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

South Hobbs (GSA) Unit

1. Type of Well:
OIL WELL [ ]   GAS WELL [ ]   OTHER WIW

8. Well No.
64

2. Name of Operator
Altura Energy LTD

3. Address of Operator
P.O. Box 4294, Houston, TX 77210-4294

9. Pool name or Wildcat
Hobbs (GSA)

4. Well Location

Unit Letter __B__ : __660__ Feet From The __North__ Line and __1980__ Feet From The __East__ Line

Section __9__   Township __19-S__   Range __38-E__   NMPM   __Lea__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3607' DF

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]   PLUG AND ABANDON [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]

PULL OR ALTER CASING [ ]

OTHER:_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: Casing Integrity Test (Well is SI) [X]

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: 12/1/97

Pressure Reading: 550 psi.

Length of time pressure held: 30 minutes

Test Witnessed: No

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 __1/14/98__

TYPE OR PRINT NAME Mark Stephens   TELEPHONE NO. (281) 552-1158

(This space for State Use)

APPROVED BY_____   TITLE_____   DATE_____

CONDITIONS OF APPROVAL, IF ANY: