Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	WELL API NO. 30-025-12726
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE ☐ FEE ☒
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	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
1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER	SOUTH HOBBS (GB/SA) UNIT
2. Name of Operator ALTURA ENERGY, LTD.	8. Well No. 95
3. Address of Operator P.O. BOX 4294 HOUSTON, TEXAS 79210-4294	9. Pool name or Wildcat HOBBS GRAYBURG-SAN ANDRES

4. Well Location

Unit Letter __O__ : __990__ Feet From The __SOUTH__ Line and __2310__ Feet From The __EAST__ Line

Section __10__ Township __19-S__ Range __38-E__ NMPM __LEA NM__ 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 ☐ PLUG AND ABANDON ☐		REMEDIAL WORK ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐		COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐	
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: _____ ☐		OTHER: __T&A__ ☒	

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.

12/8/97   MOVE IN P&A EQUIPMENT.
12/9/97   RU UNIT LAY DOWN PROD EQUIPMENT.
12/11/97 SET CIBP @ 4079'.
12/12/97 TEST 5-1/2" CSG TO 500# TEST GOOD.
12/12/97 RD P&A EQUIPMENT MOVE OFF.

1/12/2003

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

SIGNATURE _Milton Neatherlin_   TITLE P&A SUPERVISOR   DATE 12/12/97

TYPE OR PRINT NAME MILTON NEATHERLIN   TELEPHONE NO. 915-530-0907

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: