Submit 3 Copies, to Appropriate District Office

Type of Well: WELL 2. Name of Operator

CONDITIONS OF APPROVAL, IF ANY:

TEMPORARILY ABANDON **PULL OR ALTER CASING** 

11.

OTHER:

## State of New Mexico En

Form C-103

to Appropriate Energy, Mir	s and Natural Resources Department	Revised 1-1-89
	SERVATION DIVISION P.O. Box 2088	WELL API NO. 30-025- 22006 3 .
Santa Fe, New Mexico 87504-2088 20. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE X  6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REF ( DO NOT USE THIS FORM FOR PROPOSALS TO DRII DIFFERENT RESERVOIR. USE "APP (FORM C-101) FOR SUCH F	LL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT	7. Lease Name or Unit Agreement Name
I. Type of Well: OIL GAS WELL WELL	OTHER WIW	South Hobbs (GSA) Unit
2. Name of Operator Altura Energy LTD		8. Well No. 97
3. Address of Operator		9. Pool name or Wildcat
P.O. Box 4294, Houston, TX 7721	0-4294	Hobbs (GSA)
4. Well Location	South Line and	East Li
. 10	19-S Range 38-E	NMPM Lea County
	valion (Show whether DF, RKB, RT, GR, etc.) 3598 DF	County County
Check Appropriate B	ox to Indicate Nature of Notice, F	Report, or Other Data
NOTICE OF INTENTION TO	): SUE	BSEQUENT REPORT OF:
ERFORM REMEDIAL WORK PLUG AND	ABANDON REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON CHANGE P	LANS COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND C	, · · ·
OTHER:	OTHER: Casing	Integrity Test (Well is \$1)
12. Describe Proposed or Completed Operations (Clearly state of work) SEE RULE 1103.	all pertinent details, and give pertinent dates, incl	uding estimated date of starting any proposed
Test Date: 12/1/97		
Pressure Reading: 580 psi.		
Length of time pressure held: 3	O minutes	
Test Witnessed: No		
	Approval of Tem Approval Expires	8/25/2004
I hereby certify that the information above is true and complete to the b	out of my knowledge and belief.	1
	<b>.</b>	1 /1//09

I hereby certify that the information above is true and Business Analyst (SG) 1/14/98 SIGNATURE . (281)**ТЕЛЕРНОНЕ NO.** 552-1158 Mark Stephens TYPE OR PRINT NAME (This space for State Use) - DATE AUG 2 5 1998 DIED IN IS WELLAVS TITLE -APPROVED BY -

