

DISTRICT 1

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
30-025-26622

5. Indicate Type of Lease
FED STATE 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 (G/SA) UNIT

1. Type of Well
Oil Well Gas Well Other INJECTOR

8. Well No 174

2. Name of Operator ALFURA ENERGY LTD

9. Pool name or Wildcat
HOBBS (G/SA)

3. Address of Operator 1017 W STANOLIND RD

4. Well Location
Unit Letter L 2026 Feet From The SOUTH Line and 516 Feet From The WEST Line
Section 3 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether Top Rock, RTGR, etc.)
3609' GL

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	MIT <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 04/19/2000 ✓
PRESSURE READING INITIAL 320 PSI 15 MIN 320 PSI 30 MIN 320 PSI
LENGTH OF PRESSURE READING HELD 30 MIN

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

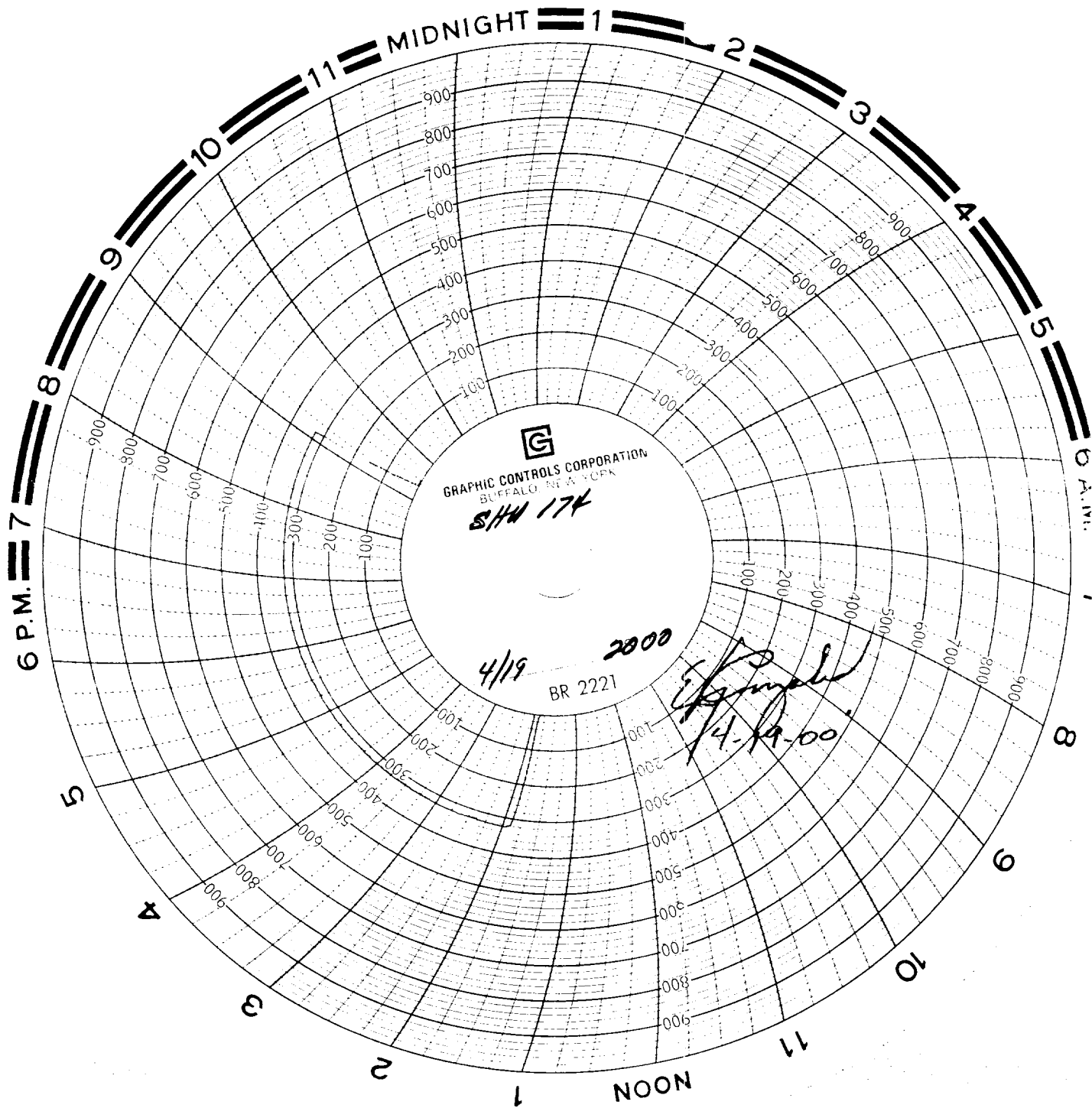
SIGNATURE Robert Gilbert TITLE LIFT SPECIALIST DATE 04 24 2000
TYPE OR PRINT NAME R N GILBERT TELEPHONE NO 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

06 2000

JCS



G
GRAPHIC CONTROLS CORPORATION
BUFFALO, N.Y. 14202

SHW 174

4/19 2000
BR 2221

[Signature]
4-19-00