

DISTRICT 1

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO. <b>30-025-28305</b>
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>SOUTH HOBBS UNIT CO-OP</b>
8. Well No. <b>2</b>
9. Pool name or Wildcat <b>GRAYBURG SAN ANDRES</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>INJECTOR</b>	
2. Name of Operator <b>ALTURA ENERGY LTD.</b>	
3. Address of Operator <b>1710 WEST STANOLIND RD. HOBBS, NM 88240</b> <b>505/397-8200</b>	
4. Well Location Unit Letter <b>D</b> <b>645</b> Feet From The <b>NORTH</b> Line and <b>453</b> Feet From The <b>WEST</b> Line Section <b>4</b> Township <b>19-S</b> Range <b>38-E</b> NMPM <b>LEA</b> 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <b>MIT</b> <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.

PRESSURE TEST CSG TO 340# FOR 30 MIN. CHART WITNESSED BY THE NMOCD.

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

SIGNATURE R. Gilbert TITLE LIFT SPECIALIST DATE 5-7-98  
TYPE OR PRINT NAME R.N. GILBERT

TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY [Signature] TITLE [Blank] DATE MAY 20 1998

