Energy, N

	State of New I		Form C-103 Revised 1-1-89		
DISTRICT I		ATION DIVISION			
P.O. Box 1980, Hobbs, NM 882-	JIO Old Salita	Fe Trail, Room 206 w Mexico 87503	WELL APINO. 32-025-28342		
			5. Indicate Type of Lease		
			FED STATE X FEE		
			6. State Oil & Gas Lease No.		
SUNDI					
(DO NOT USE THIS FORM DIFFEREN	7. Lease Name or Unit Agreement Name SOUTH HOBBS UNIT				
1. Type of Well:	(FORM C-101 FOR SUCH PROPOSALS.)		SOUTH HOBBS UNIT		
	X Gas Well Other				
2. Name of Operator ALTURA ENERGY L	ID.		8. Well No. 139		
3. Address of Operator 1710 WEST STANOLIND RI	D, HOBBS, NM 88240	505/397-8200	9. Pool name or Wildcat GRAYBURG SAN ANDRES		
4. Well Location Unit Letter F	1941 Feet From The WEST	Line and 2052 Fee	t From The NORTH Line		
Section 3	Township 19-S	Range 38-1	NMPM LEA County		
	10. Elevation (Show whether DF, 3608' GL	RKB, RT GR. etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE (OF INTENTION TO:		SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	X CHANGE PLANS	COMMENCE DRILLING OF	NS. PLUG & ABANDONMENT		
PUT L OR ALTER CASING		CASING TEST AND CEMEN	UT IOD		

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PULL OR ALTER CASING OTHER: OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including situnated date of starting any proposed work) SEE RULE 1103. NOTIFY NMOCD OF RIG UP. MI. RUPU. PULL PRODUCTION EQUIPMENT. RIH W/5.5" CSG SCRAPER TO 4250". TOP PERF @4277". SET 5.5" CIBP @ 4225. TEST CSG TO 500# FOR 30 MIN AND CHART FOR THE NMOCD. NOTIFY THE NMOCD 24 HR BEFORE CSG TEST. CIRC CSG WITH INHIBITED FLUID. SCAN TBG OUT OF WELL. RDPU. CLEAN LOCATION. THE LIFT SPECIALIST DATE 5-26-95 TYPE OR PRINT NAME R.N. GILBERT TELEPHONE 505/397-8206 (This space for State Use) OHIGINAL SIGNED BY CHRIS WILLIAMS			REMEDIAL WORK ALTERING CASING			
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	ORIGINAL SIGNED BY CHRIS WILLIAMS	пе	DATE DATE			