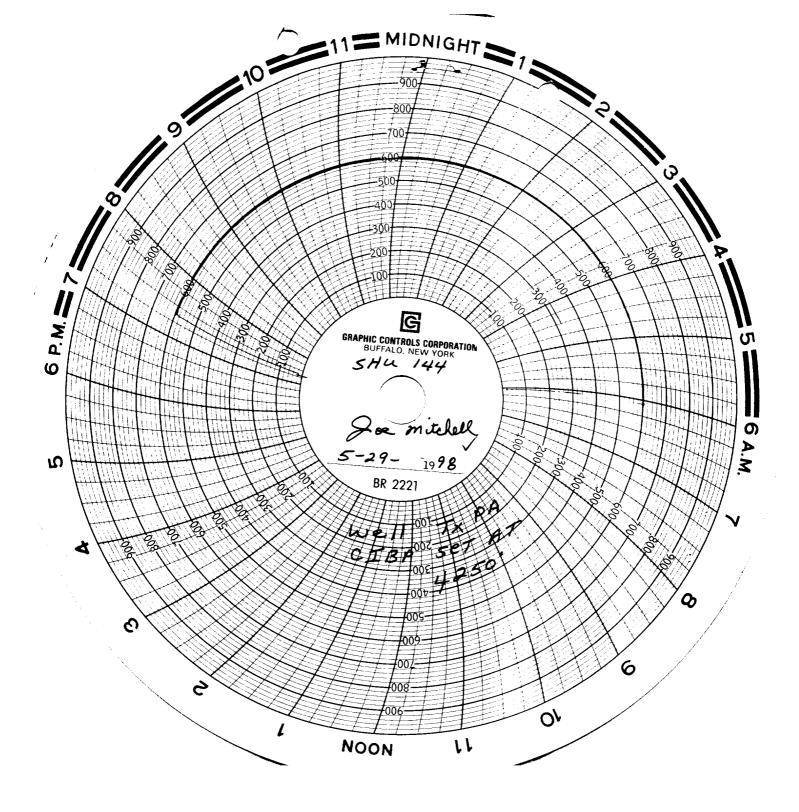
<u>DISTRICT I</u>

L CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206		WELL API NO.
		ew Mexico 87503	
	Salita Pe, IV	w Mexico 87303	30-025-28347
			5. Indicate Type of Lease
			FED STATE X FEE
			6. State Oil & Gas Lease No.
CINDDY NO	PICEC AND DEPONTE ON I		XGGGRNGUIU
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)			
1. Type of Well:			SOUTH HOBBS UNIT
Oil Well X Gas Well Other			GRICO
2. Name of Operator			8. Well No. 144
ALTURA ENERGY LTD.			5. Well 110. 144
3. Address of Operator 1			
1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200 GRAYBURG SAN ANDRES			
4. Well Location			
Unit Letter M 580	Feet From The SOUTH	Line and 755 Feet	From The WEST Line
			WEST Ellie
Section 3	Township 19-S	Range 38-E	NMPM LEA County
	10. Elevation (Show whether DF, 3610' GL	RKB, RT GR, etc.)	
11. Checl	///A	Maria CM at D	
NOTICE OF INTE	Appropriate Box to Indicate		
			EQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
	<u> </u>		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPN	VS. PLUG & ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMEN	L DOB
OTHER:		OTHER: TEMPORARY	ABANDON X
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.			
DULL OUT OF HOLD THE			
PULL OUT OF HOLE WITH PRODUCTION EQUIPMENT.			
RIH W/5.5" CSG SCRAPER TO 4280'. SET 5.5" CIBP @ 4250'. (TOP PERF @4300')			
TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOT THE NMOCD.			
CIRC CSG WITH INHIBITED FLUID.			
POH W/TBG. RDPU. CLEAN LOCA			
-/2/20			
5/29/98			
		med - Annual 3 34	THE WATER OF A A
		MAN ASSESSED FURTHER	8-2-2002
		ABSTROGIPHONE EATT	The state of the s
I haraby cartify that the information to the information of the inform			
I hereby certify that the information above is	une and complete to the best of my k	nowledge and belief.	· · · · · · · · · · · · · · · · · · ·
SIGNATURE Kolvet /.	Filler	TITLE LIFT SPECIALIS	T DATE 06/10/98
TYPE OR PRINT NAME R.N. GILBER	······································		
	<u> </u>		TELEPHONE 505/397-8206 NO.
(This space for State Use)	TIO THE O TO O MAIN I LANGE		
F 143777 6	ED EM OFIR S WILLIAMS FIRSUPERVISOR TITE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
APPROVED BY DISTAIC	TITLE		DATE >30

JOGN



1998 Received Hobbs OCD