

DISTRICT 1

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

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| WELL API NO. 30-025-28985 |
| 5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |

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|--|--|---|--|
| 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 S Hobbs GRAYBURG/SANANDRES ut | |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 8. Well No. 195 | |
| 2. Name of Operator ALTURA ENERGY LTD. | | 9. Pool name or Wildcat HOBBS GB/SA | |
| 3. Address of Operator 1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200 | | | |
| 4. Well Location Unit Letter OP Section 5 Feet From The SOUTH Line and 990 Feet From The EAST Line Township 19-S Range 38-E NMPM LEA County | | | |
| | | 10. Elevation (Show whether DF, RKB, RT GR, etc.) 3615' DF | |

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 checked="" 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"/> | |

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.

NOTIFY THE NMOCD BEFORE RIG UP. (393-6161)
PULL OUT OF HOLE WITH PRODUCTION EQUIPMENT.
RIH W/5.5" CSG SCRAPER TO 4100'. TOP PERF @4124'
SET 5.5" CIBP @ 4075'.
TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOT THE NMOCD. * NOTIFY THE NMOCD 24HR BEFORE CSG TEST.
CIRC CSG WITH INHIBITED FLUID.
POH W/TBG. RDPU. CLEAN LOCATION.

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

SIGNATURE *Robert N. Gilbert* TITLE LIFT SPECIALIST DATE 10/22/98
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY GARY MARK FIELD REP. II TITLE _____ DATE _____