

DISTRICT I

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. 30-025-29411	
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 South Hobbs GRAYBURG/SAN ANDRES Unit	
8. Well No.	204
9. Pool name or Wildcat HOBBS GB/SA	

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR	
2. Name of Operator ALTURA ENERGY LTD.	
3. Address of Operator 1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200	
4. Well Location Unit Letter M 330 Feet From The SOUTH Line and 330 Feet From The WEST Line Section 5 Township 19-S Range 38-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3624' KB	

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: TEMPORARY ABANDON <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: 09-02-98

Pressure reading: Initial 620 psi; 15 min. - 610 psi; 30 min. - 610 psi.

Length of time pressure held: 30 min.

Test Witnessed: No

This Agreement of Temporary
Abandonment Expires **10-26-2003**

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 10-02-98
TYPE OR PRINT NAME R.N. GILBERT	TELEPHONE NO. 505/397-8206	

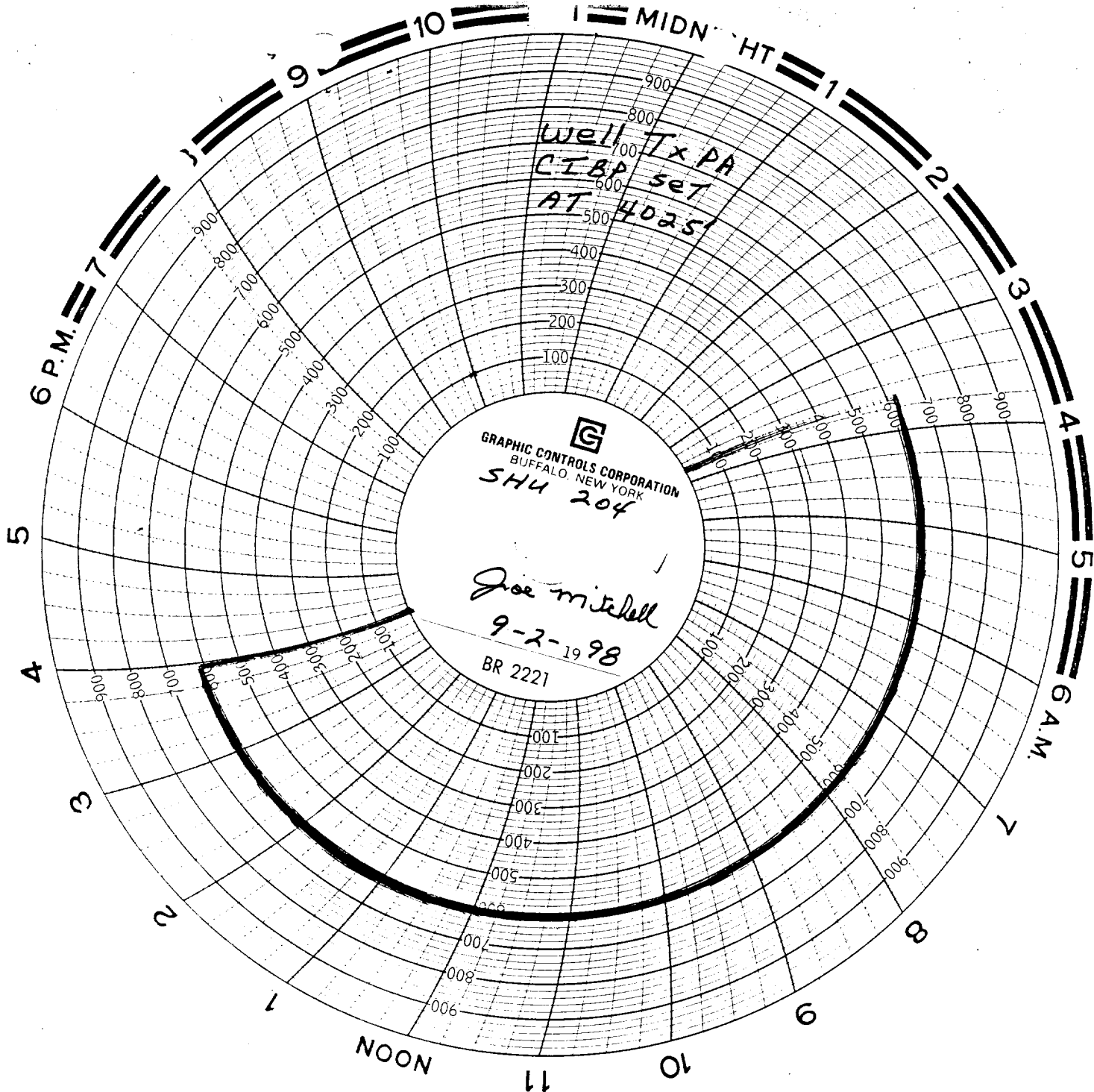
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APPROVED BY CARY WILK	TITLE FIELD REP. II	DATE
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OCT 26 1998

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gjc
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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
SHU 204

Joe Mitchell
9-2-1998
BR 2221

Well Tx PA
CTBP set
AT 4025