

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.  
**30-025-31423**

5. Indicate Type of Lease  
FED ☐ STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

**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 ☐ Gas Well ☐ 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 **K** **2160** Feet From The **SOUTH** Line and **2414** Feet From The **WEST** Line  
Section **4** Township **19-S** Range **38-E** NMPM **LEA** County

7. Lease Name or Unit Agreement Name  
**SOUTH HOBBS UNIT**

8. Well No. **235**

9. Pool name or Wildcat  
**GRAYBURG SAN ANDRES**

10. Elevation (Show whether DF, RKB, RTGR, 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input 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: <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 330# 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 FIELD REP. TITLE FIELD REP. DATE 1998

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