

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

CONSERVATION DIVISION

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

REVISED 1-1-87

WELL API NO. 30-025-07448

5. Indicate Type of Lease
FED STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
N Hobbs
GRAYBURG/SAN ANDRES
Unit

8. Well No. 141

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 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 M 330 Feet From The SOUTH Line and 330 Feet From The WEST Line
Section 29 Township 18-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3644' GR

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 NMOC D OF RIG UP. (393-6161)
 POOH WITH RODS AND PUMP
 RHH W/5.5" CSG SCRAPER TO 3410'. ***** (4.5" FIBER GLASS LINER TOP @ 3417')
 SET 5.5" CIBP @3400'. TOP PERF @4033'.
 TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOR THE NMOC D. ***** NOTIFY THE NMOC D 24 HR BEFORE CSG TEST.
 CIRC CSG WITH INHIBITED FLUID. POOH LAYING DOWN TBG.
 RIDPU. 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 11.24.98
 TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ ORIGINAL SIGNED BY _____ TITLE _____ DATE _____

CLAY WINK
11/24/98

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