

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-015-22553
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Teledyne /17/	
8. Well No.	1
9. Pool name or Wildcat	Laguna Salado - Atoka
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2990' KB	

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Altura Energy LTD
3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294	4. Well Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line Section 17 Township 23-S Range 29-E NMPM Eddy County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: Add perfs in the Atoka ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

RUSU x add perforations (through tubing) in the Atoka at 11,970' - 11,976', 4 SPF  
(existing Atoka perfs are @ 11,654' - 12,223'). Record shut-in wellhead pressure both  
before and after perforating. POH with wireline x test well.

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

SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 6/5/98  
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. (281) 552-1158

(This space for State Use)

APPROVED BY Jim W. Gurn <sup>BGA</sup> TITLE District Supervisor DATE 6-19-98  
CONDITIONS OF APPROVAL, IF ANY: