

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. 30-015-22703

5. Indicate Type of Lease
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.)

7. Lease Name or Unit Agreement Name

Teledyne /20/ Gas Com

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Altura Energy LTD

8. Well No. 1

3. Address of Operator
P.O. Box 4294, Houston, TX 77210-4294

9. Pool name or Wildcat
Culebra Bluff Wolfcamp, South (Gas)

4. Well Location
Unit Letter C : 660 Feet From The North Line and 2080 Feet From The West Line
Section 20 Township 23-S Range 29-E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
2963' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐
OTHER: Plugback to Wolfcamp ☒ 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.

- 1) Set 5" CIBP @ approx. 12,825' to abandon Morrow perms @ 12,920' - 12,932'. Dump bail 3S 10' cement on top of CIBP. RIH w/5" CIBP x set @ 11,600'
- 2) Run CBL GR Neutron Log from 11,600' - 9900'.
- 3) Run 2-7/8" tubing and 7-5/8" packer.
- 4) RU WL unit x RIH with 1-11/16" through-tubing gun x perf the Wolfcamp @ 11,028' - 11,040', 2 SPF.
- 5) Production test completion x swab well if necessary.
- 6) Turn well over to production.

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 6/16/98
(281)
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. 552-1158

(This space for State Use)

APPROVED BY Jim W. Brown B60 TITLE District Supervisor DATE 7-7-98
CONDITIONS OF APPROVAL, IF ANY: