

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

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

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

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

WELL API NO.
30-025-07368

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
North Hobbs G/SA Unit Sec. 19

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No. 421

2. Name of Operator
Altura Energy LTD

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

9. Pool name or Wildcat
Hobbs; Grayburg-San Andres

4. Well Location
Unit Letter H : 2310 Feet From The North Line and 1305 Feet From The East Line

Section 19 Township 18-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3665' 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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: 'TxA Status' <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: 7/7/97

Pressure Reading: Initial - 555 psi; 15 min. - 520 psi; 30 min. - 500 psi

Length of time pressure held: 30 min.

Test Witnessed: No

This Approval of Lease is Abandoned 8/1-2002

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

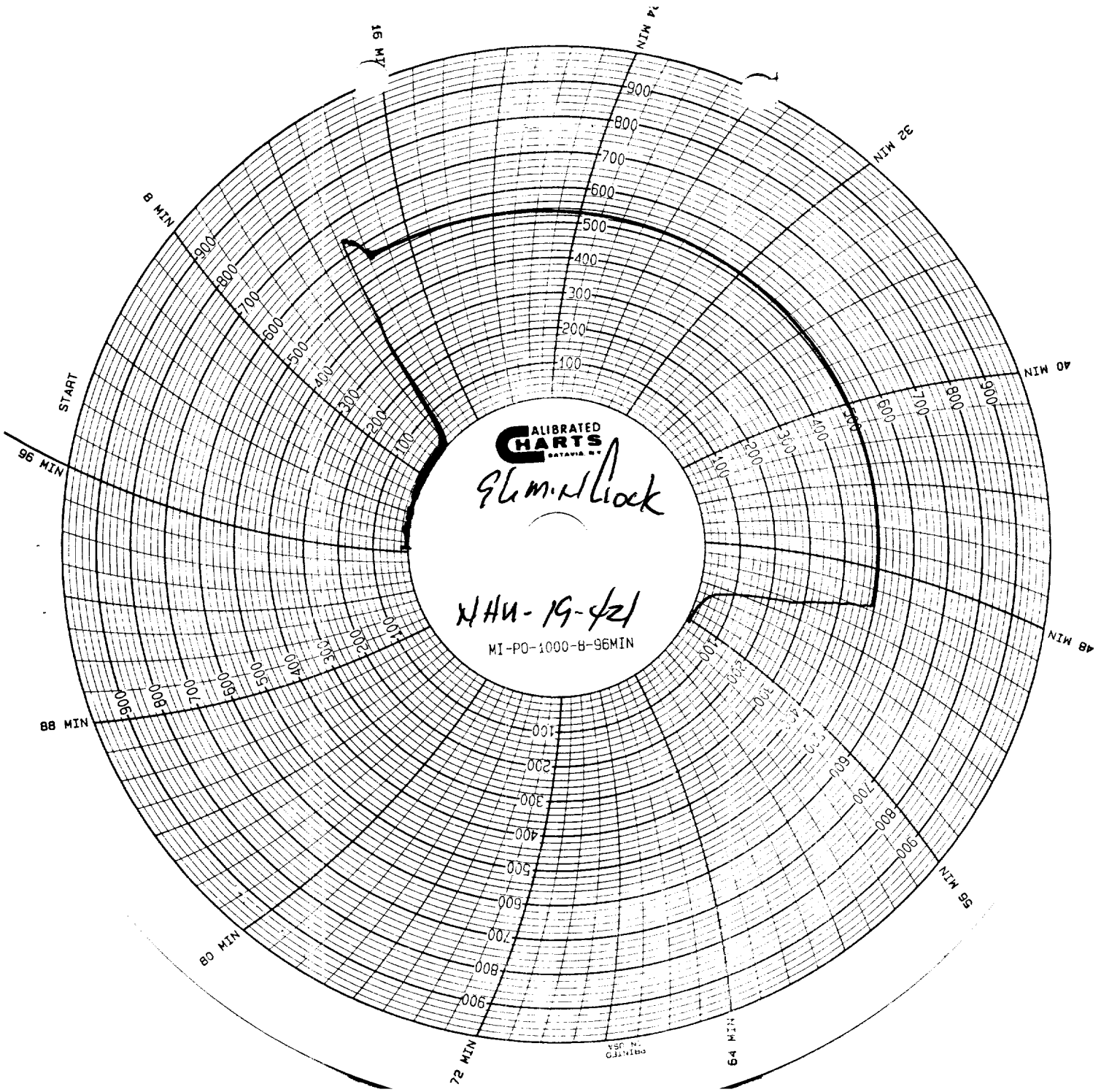
SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 8/29/97

TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. (281) 366-7335

(This space for State Use)
APPROVED BY _____ TITLE _____
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



van N.
Grijns

5

AHUA
Sec 19-421
No 7-97
Mutter Stamm
PAPA THOLEN

19 421
Mutter Stamm
PAPA THOLEN