Sub Copies to Appropriate District Office

Shell

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. 30-025-07510

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

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

2. Name of Operator: Altura Energy LTD

8. Well No. 314

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

9. Pool name or Wildcat: Hobbs (GSA)

4. Well Location
Unit Letter M : 990 Feet From The South Line and 990 Feet From The West Line

Section 31 Township 18-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3650' 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: ☐		OTHER: Casing Integrity Test (Well is SI) ☒	

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: 12/8/97

Pressure Reading: Initial: 540 psi.; 15 Min.: 515 psi.; 30 Min.: 510 psi.

Length of time pressure held: 30 minutes

Test Witnessed: No

This Approval of Temporary Abandonment Expires 2-3-03

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 1/19/98

TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. (281) 552-1158

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 03 1998

CONDITIONS OF APPROVAL, IF ANY:

Amended TA status posted to Ongard 1-9-2002 subsequent to chart review.

Amended copies of C-103's distributed to appropriate sources