

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**

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

WELL API NO.  
30-025-28944

5. Indicate Type of Lease  
 FED  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.)

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 F 2630 Feet From The NORTH Line and 1420 Feet From The WEST Line  
 Section 32 Township 18-S Range 38-E NMPM LEA County

7. Lease Name or Unit Agreement Name

NORTH HOBBS UNIT

8. Well No. 32-223

9. Pool name or Wildcat  
 GRAYBURG SAN ANDRES

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

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 & ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  |   | CASING TEST AND CEMENT JOB <input type="checkbox"/>   |   |
| OTHER: _____ <input type="checkbox"/>          |   | OTHER: <u>MIT</u> <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.

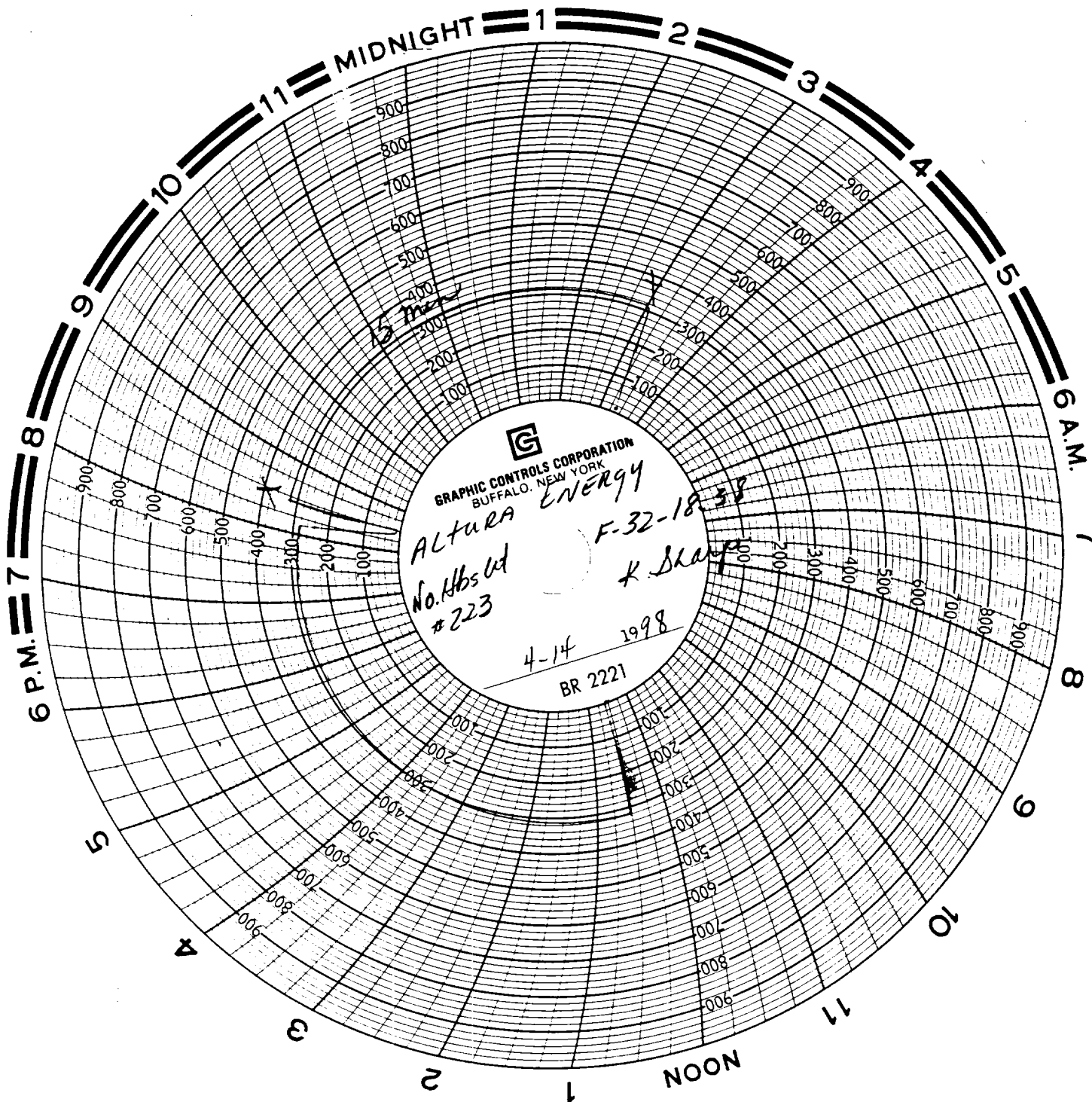
PRESSURE TEST CSG TO 340# FOR 30 MIN. CHART WITNESSED BY THE NMOCD

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 5-4-98  
 TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)  
 APPROVED BY GARY WINK TITLE \_\_\_\_\_ DATE MAY 09 1998  
FIELD REP. II

R.N.G.



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

ALTURA ENERGY

No. Abs Ltd  
# 223

F-32-18-38

K. Sharp

4-14 1998

BR 2221