

submit to  
Appropriate  
District Office

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

DISTRICT I  
P.O. Box 1986, Hobbs, NM 88240

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

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

WELL API NO. 30-025-07643

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  
South Hobbs (GSA) Unit

Type of Well:  
OIL WELL  GAS WELL  OTHER WIW

8. Well No. 117

Name of Operator  
Altura Energy LTD

9. Pool name or Wildcat  
Hobbs (GSA)

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

Well Location  
Unit Letter P : 990 Feet From The South Line and 330 Feet From The East Line

Section 6 Township 19-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3607' GL

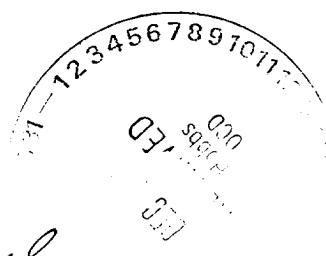
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Casing Integrity Test (Well is SI) <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: 11/25/97  
Pressure Reading: 550 psi.  
Length of time pressure held: 30 Minutes  
Test Witnessed: No

This Approval of Temporary Abandonment Expires 1-20-03 *CSL*



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 1/13/98  
(281)  
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. 552-1158

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR DATE IAN 20 1998

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:  
Amended TA status posted to Omgard 1-9-2002 subsequent to chart review.  
Amended copies of C-103's distributed to appropriate sources