

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-D25-29459

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

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 H 2310 Feet From The NORTH Line and 1028 Feet From The EAST Line  
Section 6 Township 19-S Range 38-E NMPM LEA County

7. Lease Name or Unit Agreement Name  
SOUTH HOBBS UNIT  
GB/SA

8. Well No. 201

9. Pool name or Wildcat Hobbs  
GRAYBURG SAN ANDRES

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3628 GL

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 checked="" type="checkbox"/>	CHANGE PLANS <input checked="" 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: _____ <input 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.

PULL OUT OF HOLE WITH PRODUCTION EQUIPMENT.  
RIH W/5.5" CSG SCRAPER TO 3950'.  
SET 5.5" CIBP @ 3930'. (TOP PERF @3981)  
TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOT THE NMOCD. \* NOTIFY THE NMOCD 24HR BEFORE CSG TEST.  
CIRC CSG WITH INHIBITED FLUID.  
POH W/TBG. RDP. CLEAN LOCATION.

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 06/10/98  
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY Paul [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

J  
C