State of New Mexico Energy, Minerals and Natural Resources Department

Ellergy	, Millerals and Natural K	esources Department	revised 1-1-09
DISTRICT I OIL CONSERVATION DIVISION			
1625 N. FRENCH DRIVE, HOBBS, NM 88240 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		WELL API NO. 07409 30025 0549700	
	,		5. Indicate Type of Lease
			FED STATE FEE X 6. State Oil & Gas Lease No.
			6. State Off & 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"			7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
(FORM C-101 FOR SUCH PROPOSALS.)			LINGRITHOUSES (0/3A) CIVIT
1. Type of Well: Oil Well Ga	as Well Other In	ector	SECTION 27
Name of Operator ALTURA ENERGY	TY LTD.		8. Well No. 241
3. Address of Operator 1017 W. STANOI		nian Ltd	9. Pool name or Wildcat
3. Address of Operator 1017 W. STANOI	LIND RD.		HOBBS (G/SA)
4. Well Location			<u> </u>
		Y: 1 1005 F	. F. T. WEGE V.
Unit Letter N : 330 Feet	From The SOUTH	Line and 1325 Fe	et From The WEST Line
Section 27	Township 18-S	RANGE 38-	E NMPM LEA County
	Elevation (Show whether DF, 13' GL	KKB, KI GK, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTIO	N TO:	SUE	BSEQUENT REPORT OF:
l l	G AND NDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHAN	NGE PLANS	COMMENCE DRILLING O	PNS. PLUG & ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	NT JOB
OTHER:		OTHER: Temporarily	Abandon Well X
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.			
RUPU. POH w/injection equipment.			
Set CIBP @4202'. Top perf @4235'.		\ _Q	122329.25
Test csg to 1000 psi.		1 110	2027
Circ csg w/95 bbl pkr fluid. Tst csg to 700 psi for 30 min and chart for the	NMOCD.	120	000
RDPU. Clean Location.	orV		Sedon 29
Well is T&A'd 06/25/2004	NMOCD. pproval of Temporary Expires Annment Expires		030 sqqoH 03A. 79 3037 3037 3037 3037 3037 3037 3037 3
Rig Up Date: 06/23/2004	ial of Kpires		
Rig Down Date: 06/25/2004	oprovent E		₹ 200 × 200
This	gou.,		168199
ADa			
I hereby certify that the information above is true and SIGNATURE		nowledge and belief.	
CICNATURE VI.T.Y.		TITLE *** 1 ~	1.5 1.1 D.TD

TITLE Workover Compl Specialist DATE 06/28/2004

TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY AUTHOR OF APPROVAL IF ANY:

