

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025-07539
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
SECTION	32
8. Well No.	341
9. Pool name or Wildcat	HOBBS (G/SA)

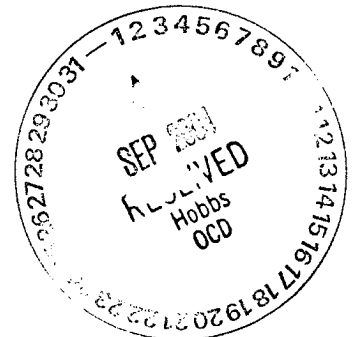
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)	
1. Type of Well:	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR
2. Name of Operator	ALTURA ENERGY LTD.
3. Address of Operator	1017 W STANOLIND RD.
4. Well Location	Unit Letter <u>O</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3636' 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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <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.

RUPU. Pull injection equipment.
Plug back w/pea gravel and cmt from 4234' to 4202'.
Stimulate perfs 4112-21 and 4130-38 w/840 g 15% NEFE HCL acid.
Run 5" Guiberson UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple.
Pkr set @3910'. Circ csg w/100 bbl pkr fluid.
Test csg to 560 psi for 30 min and chart for the NMOCD.
RDPU. Clean Location.

Rig Up Date: 08/05/2004
Rig Down Date: 08/11/2004



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Robert Gilbert TITLE Workover Compl Specialist DATE 08/26/2004
TYPE OR PRINT NAME Robert Gilbert PHONE NO. 505-397-8206

(This space for State Use)

APPROVED BY Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE SEP 01 2004
CONDITIONS OF APPROVAL IF ANY:

