

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.	30-025-34226
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Hoover SW 32
8. Well No.	1
9. Pool name or Wildcat	Vacuum; Abo, N.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	4081' GL

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 ☒ Dry Hole
2. Name of Operator	Altura Energy LTD
3. Address of Operator	P.O. Box 4294, Houston, TX 77210-4294
4. Well Location	Unit Letter G : 1650 Feet From The North Line and 1930 Feet From The East Line Section 32 Township 17-S Range 34-E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Pressure Test for TxA Status ☒

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.

1/20/98 - Remove wellhead x install BOP. RIH w/8-5/8" CIBP x set @ 1520'. POH x load x test. RIH w/cement dump bailer x cap w/35' cement (TOC @ 1485'). POH w/dump bailer x install wellhead.

Pressure Reading: Initial: 515 psi.; 15 Min.: 500 psi.; 30 Min.: 490 psi.

Length of time pressure held: 30 minutes

Test Witnessed: No.

Test Date: 1/27/98

This Approval of Temporary Abandonment is hereby given on 2/27/2003

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 2/5/98
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. (281) 552-1158

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JCI.G

CP