

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-025-12507 **D7537**

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.)

7. Lease Name or Unit Agreement Name

NORTH HOBBS (G/SA) UNIT

SECTION 32

8. Well No. **431** ~~431~~ **421**

9. Pool name or Wildcat **HOBBS (G/SA)**

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
ALTURA ENERGY LTD.

3. Address of Operator
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

4. Well Location

Unit Letter **I** : **330** Feet From The **EAST** Line and **2310** Feet From The **SOUTH** Line
Section **32** Township **18S** Range **38E** 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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. Pull injection equipment.
2. Acidize perfs 4065-4105 w/1260 gal 15% NEFE HCL Acid.
3. Run injection equipment.
4. Set Guiberson 5" UNI VI PKR @3961'.
5. Circulate casing with inhibited fluid.
6. Test casing to 720 PSI for 30 min and chart for the NMOCD.

Return well to injection 01/10/2004.

Rig up date : 01/08/2004

Rig down date: 01/10/2004



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

SIGNATURE Robert Gilbert TITLE Sr. Eng. Tech. DATE 01/12/2004
TYPE OR PRINT NAME Robert Gilbert 505/397-8206

(This space for State Use)

APPROVED BY Harry W. Wink DATE JAN 15 2004
CONDITIONS OF APPROVAL IF ANY: OCTILED REPRESENTATIVE II/STAFF MANAGER

