

DISTRICT 1

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. 30-025-05445
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 13
8. Well No. 431
9. Pool name or Wildcat HOBBS (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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>I</u> <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>13</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether D.F., RKB, RT GR, etc.) 3664' 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 type="checkbox"/>	CHANGE PLANS <input 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 checked="" type="checkbox"/>	<u>TA</u>

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

TEST DATE 04/06/2000

PRESSURE READING INITIAL 325 PSI, 15 MIN - 325 PSI, 30 MIN - 325 PSI

LENGTH OF PRESSURE READING HELD 30 MIN.

This Approval of Temporary  
Abandonment Expires 4/26/2006

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

SIGNATURE Robert Gilbert TITLE LIFT SPECIALIST DATE 04/24/2000  
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TITLE COMMISSIONER DATE APR 24 2000  
GARY WILSON  
FIELD OFFICER

JCS

