

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
300250544700

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

1. Type of Well
Oil Well Gas Well Other

SECTION 13

2. Name of Operator
ALFURA ENERGY LTD

8. Well No 331

3. Address of Operator
1017 W. STANGLIND RD

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

4. Well Location
Unit Letter J 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line
Section 13 Township 18-S RANGE 37-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3679 DF

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 <u>MIT</u> <u>T/A</u> <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

TEST DATE 04/02/99
PRESSURE READING 320 PSI
LENGTH OF PRESSURE READING 30 MIN
TEST WITNESSED NO

This Approval of Temporary Abandonment Expires 5-11-2004

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

SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 04 06 99
TYPE OR PRINT NAME R N GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

JCG

dp

