01/21/98

505/397-8206

TELEPHONE NO.

DATE

## State of New Mexico Energy, Minerals and Natural Resources Department

TYPE OR PRINT NAME

APPROVED BY

<u>DISTRICT I</u>	OIL CONSER	RVATION DIVISI	ON			
P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		WELL API N	IO.		
			30-	025-05	442	
				ype of Lease		
			FED	STATE	FEE X	
			6. State Oil &	& Gas Lease No.		
CLINIDDA M	OTICES AND DEPOSES OF					
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.)				ne or Unit Agreement Na DBBS (G/SA) UNIT	ıme	
1. Type of Well:						
Oil Well X	Gas Well Other					
2. Name of Operator ALTU	RA ENERGY LTD.		8. Well No.	13-131		
3. Address of Operator 1017 W STANOLIND RD.			9. Pool name	9. Pool name or Wildcat		
			HOBBS (G/	HOBBS (G/SA)		
4. Well Location		<u> </u>				
Unit Letter L : 330'	Feet From The WEST	Line and 1980'	Foot From The			
		Line and	Feet From The	SOUTH Line		
Section 13	Township 18S  10. Elevation (Show whether D.	Range	37E NMI	PM LEA	4 County	
	3691' KB	,				
Che	eck Appropriate Box to Indica	te Nature of Notice, Re				
NOTICE OF IN	TENTION TO:		SUBSEQUENT R	EPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASIN	G [	
TEMPORARILY ABANDON X	CHANGE PLANS COMMENCE DRILLING OPNS.			PLUG & ABANDO	NMENT	
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB		_	
OTHER:		OTHER:				
12. Describe Proposed or Completed Opera	tions (Clearly state all pertinent detai	ls, and give pertinent dates, i	including estimated date	of starting any propos	ed	
work) SEE RULE 1103.						
POH W/PROD EQUIPMENT.						
RIH W/5.5" CSG SCRAPER TO 400	00'. TOP PERF 4002'					
SET 5.5" CIBP @3950'.	MI AND CHARTER TOP TOTAL					
TEST CSG FOR TO 500# FOR 30 M CIRC CSG WITH INHIBITED FLUID	IIN AND CHART FOR THE NM D	IOCD.				
POH WITH TBG. RDPU.	J.					
* NOTIFY THE NMOCD 24HR BEF	OPF CSG TEST					
TOTAL THE TWOOD 24TH BEI	ORE CSG TEST.					
I hereby certify that the information above is	true and complete to the best of my kn	owledge and belief.				
-1/11 L	. 11 12 12 11 1					

TITLE \_LIFT SPECIALIST

BY CHRIS WILLIAMS SUPERVISOR

TITLE