

DISTRICT I

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. <u>30-005-05455</u> 300230769400
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
SECTION 14
8. Well No. 331
9. Pool name or Wildcat HOBBS (G/SA)

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	2. Name of Operator ALTURA ENERGY LTD.
3. Address of Operator 1017 W STANOLIND RD.	4. Well Location Unit Letter <u>J</u> <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line Section <u>14</u> Township <u>18-S</u> <u>37-E</u> NMPM <u>1EA</u> County
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3679' 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 checked="" 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 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.

POOH W/PRODUCTION EQUIPMENT. LAYING DOWN RODS AND PUMP.
RIH W/5.5" CSG SCRAPER TO 4075'. *** 14# CSG
SET 5.5" CIBP @4050'. TOP PERF @4108'. SQZ PERFS @3354' - 3400'.
TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOR THE NMOC'D. **** NOTIFY NMOC'D 24 HRS BEFORE CSG TEST.

IF CSG DOES NOT TEST SET 5.5" CIBP @ 3300' AND REPEAT CSG TEST.

CIRC CSG WITH INHIBITED FLUID.
POOH LAYING DOWN TBG.
RDPU AND CLEAN LOCATION.

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 02/01/2000
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY CADY WINK TITLE FIELD REP. II DATE 02/01/2000

3