

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.	30-025-05457
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR	7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
2. Name of Operator ALTURA ENERGY LTD.	SECTION 14
3. Address of Operator 1017 W STANOLIND RD.	8. Well No. 321
4. Well Location Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line Section <u>14</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>1EA</u> County	9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3686' 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input checked="" type="checkbox"/> TA MPH

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: 04/05/2000

PRESSURE READING: INITIAL 360 PSI; 15 MIN - 360 PSI; 30 MIN - 360 PSI.

LENGTH OF PRESSURE READING HELD: 30 MIN.

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: _____ TITLE: _____ DATE: 2000

JCS

