

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

FILE IN TRIPLICATE

DISTRICT I
PO Box 1980, Hobbs, NM 88240

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-05466

5. Indicate Type of Lease
FED STATE FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
NORTH HOBBS (G/SA) UNIT

8. Well No. 421

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 Gas Well Other

2. Name of Operator
ALTURA ENERGY LTD.

3. Address of Operator
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

4. Well Location
Section 23 Township 18S Range 37E NMPM LEA County

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

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: Deepen well in San Andres <input checked="" 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.

1. Pull production equipment.
2. Deepen well from 4153' to 4290'.
3. Acidize open hole w/3500 gal 15% HCL using 4000# rock salt as block.
4. RIH w/ESP equipment.

Rig up date: 01/15/2001
Rig down date: 01/23/2001

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

SIGNATURE Robert N. Gilbert TITLE SR. ENGR. TECH DATE 02/07/2001
TYPE OR PRINT NAME Robert Gilbert TELEPHONE NO. 505/397-8206

APPROVED BY _____ TITLE _____ DATE FEB 09 2001
CONDITIONS OF APPROVAL IF ANY: _____

