State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL C	ONSERVATI	ON DIV	ISION					
DISTRICT I P.O. Box 1980, Hobbs, NM 88240		2040 Pacheco St. Santa Fe, NM 87505				WELL API NO. 30-025-05467			
DISTRICT II					5. Indicate Type of Lease				
811 S. 1st Street, Artesia, NM 88210					FED STATE X FEE				
DISTRICT III					6. State Oil & G	as Lease No.		l	
1000 Rio Brazos Rd, Aztec, NM 8741					*****	egilekki ji lav iy ja mil	an echellard again	Greens	
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"					7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT				
(FORM C-101 FOR SUCH PROPOSALS.) 1. Type of Well:						B3 (C/3A) OI	411		
Oil Well	Gas Well	Gas Well Other TA'd INJECTOR				8. Well No. 431			
2. Name of Operator ALTURA ENERGY LTD.									
3. Address of Operator					9. Pool name or Wildcat HOBBS (G/SA)				
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200									
4. Well Location									
Unit Letter I : 2.	Feet From The	SOUTH Line	and <u>330</u>	Fee	t From The	EAST	Line		
Section 23	Township	18S	Range	37E	NMPN	А	LEA County		
	10. Elevation (Short	w whether DF, RKB, R	T 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	PLUG AND ABANI	OON RE	MEDIAL WO	RK		ALTERING C	ASING		
TEMPORARILY ABANDON [CHANGE PLANS		MMENCE D	RILLING OP	NS.	PLUG & ABA	ANDONMENT		
, and a second s		<u> </u>	SING TEST		=				
PULL OR ALTER CASING				AND OLINE					
OTHER: OAP in San Andre		<u> </u>	THER:					<u> </u>	
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. DO CIBP at 3910.									
 DO CIBP at 3910. Deepen well ±150 into lower San Andres . 									
3. Run liner to TD.									
4. Perforate and acid stimulate.									
5. Run injection equipment.									
Will not inject water until perm	nit is grated by NMOCD.								
I hereby certify that the information a	h is took and complete to the	hast of my knowledge	and helief						
I hereby certify that the information a	above is true and complete to the	best of my knowledge	and conci.				12 10 00	`	
SIGNATURE	N Yell	Τ	TITLE PR	OD ENGR		DATE	12.18.00	<u> </u>	
TYPE OR PRINT NAME D. N	ELSON				TEL	EPHONE NO.	505/397-8200		
(This space for State Use)					MAN POR SHOE		() in poor	f 1	
APPROVED BY		ר	TITLE		THEOR	DATE	C 2 1 2001	<u> </u>	