

DISTRICT

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.	30-025-05475
5. Indicate Type of Lease	
FED <input type="checkbox"/>	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	

<p>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.)</p>		<p>7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT</p>	
<p>1. Type of Well:</p> <p>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR</p>		<p>SECTION 23</p>	
<p>2. Name of Operator ALTURA ENERGY LTD.</p>		<p>8. Well No. 341</p>	
<p>3. Address of Operator 1017 W STANOLIND RD</p>		<p>9. Pool name or Wildcat HOBBS (G/SA)</p>	
<p>4. Well Location</p> <p>Unit Letter <u>O</u> <u>990</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line</p> <p>Section <u>23</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County</p>			
<p>10. Elevation (Show whether OF, RKB, RT GR, etc.) 3671' GL</p>			

<p>11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</p>			
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 <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

TEST DATE 04/05/2000

PRESSURE READING INITIAL 340PSI, 15 MIN - 340 PSI, 30 MIN - 340 PSI

LENGTH OF PRESSURE READING HELD 30 MIN

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 APR 26 2000

JCS

