

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-05476
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	North Hobbs G/SA Unit
8. Well No.	121
9. Pool name or Wildcat	Hobbs; Grayburg-San Andres
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	3682' DF

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	2. Name of Operator Altura Energy LTD
3. Address of Operator P.O. Box 4294, Houston, Texas 77210-4294	4. Well Location Unit Letter E : 1650 Feet From The North Line and 990 Feet From The West Line Section 24 Township 18-S Range 37-E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: Temporary Abandonment <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.

2/3/97 - Pull injection equipment. Set CIBP @ 3975' x cap with 20' cement. Circulate casing with inhibited fluid. Test casing for 30 minutes (Initial: 525 psi.; 15 Min.: 515 psi.; 30 Min.: 510 psi.) and chart for the NMOCD. Test not witnessed.

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

SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 11/25/97
TYPE OR PRINT NAME Mark Stephens (281) TELEPHONE NO. 552-1158

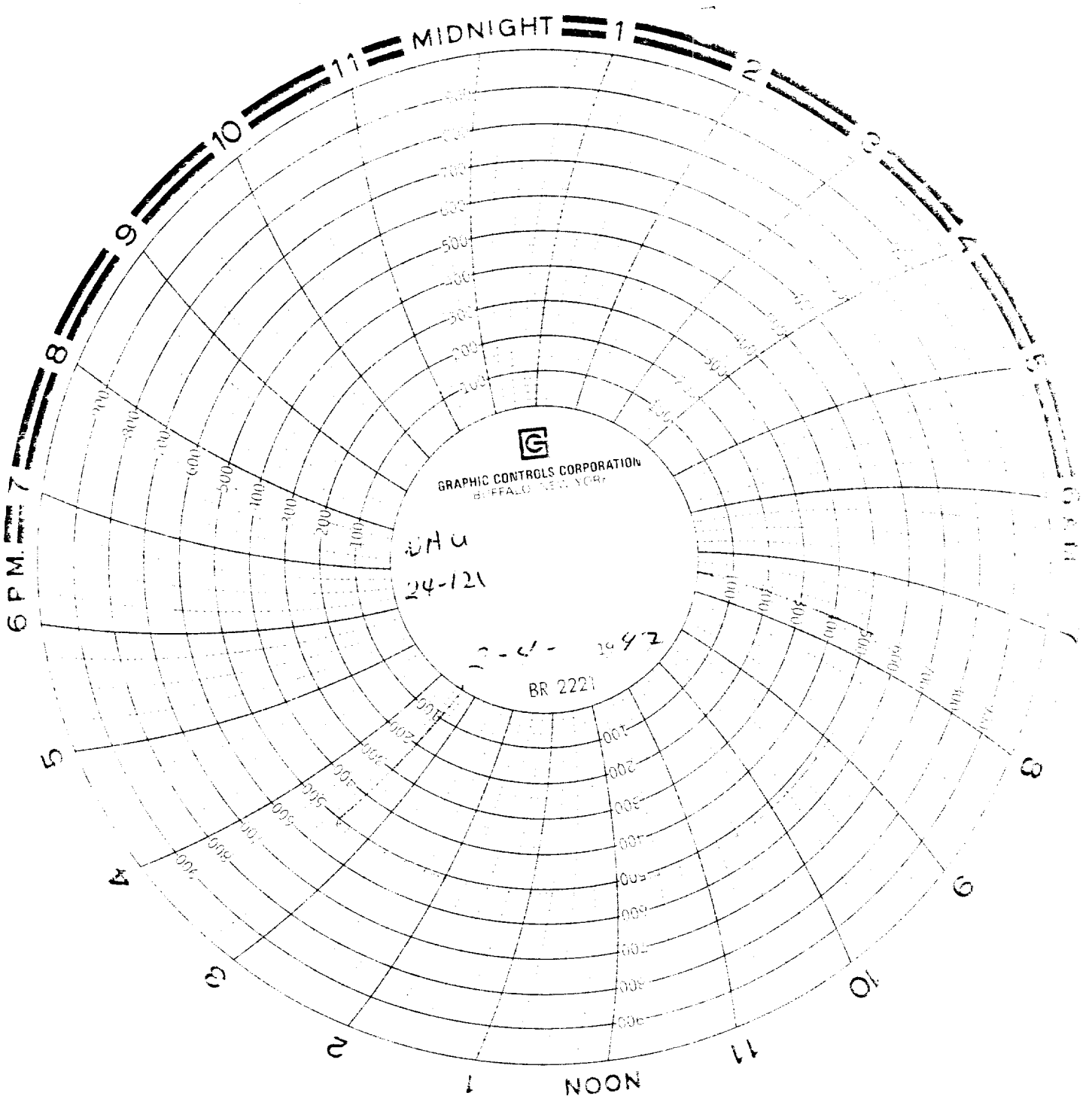
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ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 12 1997

CONDITIONS OF APPROVAL, IF ANY:

MP



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

WHA
24-121

2-1-1972

BR 2221