Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-05489

5. Indicate Type of Lease STATE [X] FEE [ ]

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.)

7. Lease Name or Unit Agreement Name
N. HOBBS (G/SA) UNIT
SECTION 25

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
ALTURA ENERGY, LTD.

8. Well No.
211

3. Address of Operator
PO BOX 4294 HOUSTON, TX 77210-4294

9. Pool name or Wildcat
HOBBS (G/SA)

4. Well Location
Unit Letter C : 330 Feet From The N Line and 2310 Feet From The W Line

Section 25 Township 18S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3763' DF

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 ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[X]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

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.

10-3-97 MOVE IN P & A EQMT.
10-6-97 SET 7" CIBP. CIRC HOLE W/MLF. PUMP 25 SX FROM 3809' TO 3656'
10-6-97 PUMP 25 SX FROM 1655' TO 1505'
10-7-97 PERF AT 400'.
10-7-97 PUMP 400 SXS DOWN 7" CSG. CIRC 7 x 9-5/8 & 9-5/8 x 15½ CASING.
10-7-97 R.D. P & A EQMT. MOVE OFF. INSTALL DRY HOLE MARKER.

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

SIGNATURE Jimmy Bagley TITLE SENIOR SUPERVISOR DATE 10/20/97

TYPE OR PRINT NAME Jimmy BAGLEY TELEPHONE NO. 915 530.0907

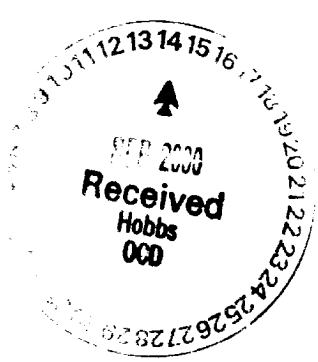
(This space for State Use)

APPROVED BY [signature] TITLE Fld Rep DATE 11-9-00

CONDITIONS OF APPROVAL, IF ANY: MNW

5 C

D


FEB 2000
Received
Hobbs
OCD