

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

2040 Pacheco St.
Santa Fe, NM 87505

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

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

WELL API NO. 30-025-05489
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 N. HOBBS (G/SA) UNIT SECTION 25
8. Well No. 211
9. Pool name or Wildcat HOBBS (G/SA)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator ALTURA ENERGY, LTD.
3. Address of Operator P.O. BOX 4294 HOUSTON, TEXAS 77210-4294
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

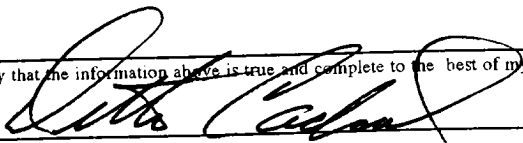
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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. SET CIBP @ 3800' W/3 SXS.
2. SPOT 100' PLUG @ 2717' - 2817'.
3. SPOT 100' ABOVE SALT 1650'.
4. PERF SQUEEZE @ 400'.
5. 10' SURFACE PLUG.
6. INSTALL DRY HOLE MARKER.

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

SIGNATURE



TITLE **DISTRICT MANAGER**

DATE **9/12/97**

TYPE OR PRINT NAME **DELTON CADDELL**

TELEPHONE NO. **505-392-6969**

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR**

TITLE

DATE

SEP 17 1997

CONDITIONS OF APPROVAL, IF ANY: