

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II

811 S. 1st Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-05492
5. Indicate Type of Lease	FED <input type="checkbox"/> 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.	431
9. Pool name or Wildcat	HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3649 GL

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 INJECTOR
2. Name of Operator	ALTURA ENERGY LTD.
3. Address of Operator	1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200
4. Well Location	Unit Letter I 2310 Feet From The SOUTH Line and 330 Feet From The EAST Line Section 25 Township 18S Range 37E NMPM LEA County

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 checked="" 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 & 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. Pull injection equipment
2. Set CIBP at 3850' and cap with cement.
3. Temporarily Abandon wellbore.

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

SIGNATURE D. Nelson TITLE PROD ENGR DATE 4-18-00
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

CHIEF OF DIVISION
OFFICE OF THE
EXECUTIVE DIRECTOR