

## DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

## OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

|  |  |
|--|--|
| WELL API NO.<br><b>30-025-05502</b>  |  |
| 5. Indicate Type of Lease<br>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<br><b>NORTH HOBBS UNIT</b><br><b>GB/SA</b>  |  |
| 8. Well No. <b>25-121</b>  |  |
| 9. Pool name or Wildcat <b>Hobbs</b><br><b>GRAYBURG SAN ANDRES</b>   |  |

|   |  |  |  |
|---|--|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> <b>INJECTOR</b>   |  |  |  |
| 2. Name of Operator<br><b>ALTURA ENERGY LTD.</b>  |  |  |  |
| 3. Address of Operator<br><b>1710 WEST STANOLIND RD. HOBBS, NM 88240</b> <b>505/397-8200</b>  |  |  |  |
| 4. Well Location<br>Unit Letter <b>E</b> <b>1650</b> Feet From The <b>NORTH</b> Line and <b>990</b> Feet From The <b>WEST</b> Line<br>Section <b>25</b> Township <b>18-S</b> Range <b>37-E</b> NMPM <b>LEA</b> County |  |  |  |
| 10. Elevation (Show whether DF, RKB, RT GR, etc.)<br><b>3663' DF</b>  |  |  |  |

|  |                          |                  |                          |                                     |                                     |                    |                          |
|--|--------------------------|------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------|--------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data<br>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: <b>TEMPORARY ABANDONMENT</b> | <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 : 06/22/98

CIBP SET @ 4100'.

TEST CSG TO 680 PSI FOR 30 MIN.

WELL STATUS: TEMPORARILY ABANDONED

This Approval of Temporary  
Abandonment Expires

**7-16-2003**

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

SIGNATURE **Robert N. Gilbert** TITLE **LIFT SPECIALIST** DATE **6-26-98**  
 TYPE OR PRINT NAME **R.N. GILBERT** TELEPHONE NO. **505/397-8206**

(This space for State Use)

ORIGINAL SIGNED BY  
 APPROVED BY **GARY WINK** TITLE **FIELD REP. II** DATE **JUL 1 1998**

**HW**  
**TR SAG**

**da**

