

DISTRICT I

1625 N. FRENCH DRIVE, HOBBS, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO.  
**300 250 733 600**

5. Indicate Type of Lease  
FED ☐ STATE ☐ 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.)

1. Type of Well  
Oil Well ☒ Gas Well ☐ Other **Inject**

2. Name of Operator **ALURA ENERGY LTD**

3. Address of Operator **1017 W. STANOLIND RD**

4. Well Location  
Unit Letter **L** **1650** Feet From The **SOUTH** Line and **330** Feet From The **WEST** Line  
Section **17** Township **18-S** RANGE **38-E** NMPM LEA County

10. Elevation (Show whether DF, RKB, RTGR, etc.)  
**3668' 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"/>	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>MIT TA</b> <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

TEST DATE **04/02/99**

PRESSURE READING **320 PSI**

LENGTH OF PRESSURE READING **30 MIN**

TEST WITNESSED **NO**

Approval of Temporary  
Abandonment Expires **5-11-2004**

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 **04 06 99**  
TYPE OR PRINT NAME **R N GILBERT** TELEPHONE NO **505/397-8206**

(This space for State Use)

APPROVED BY **ORIGINAL SIGNATURE** TITLE **FILED** DATE **5-11-2004**

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