

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. | 30025007337 |
| 5. Indicate Type of Lease | |
| FED <input type="checkbox"/> | STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | |

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|--|--|--|--|
| 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 NORTH HOBBS (G/SA) UNIT | |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Temporary Abandoned | | Section 18 | |
| 2. Name of Operator ALTURA ENERGY LTD. | | 8. Well No. 141 | |
| 3. Address of Operator 1017 W STANOLIND RD. | | 9. Pool name or Wildcat HOBBS (G/SA) | |
| 4. Well Location Unit Letter <u>M</u> <u>330</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section <u>18</u> Township <u>18-S</u> <u>38-E</u> NMPM <u>18A</u> County | | | |
| 10. Elevation (Show whether DF, RKB, RT GR, etc.) 3673' GL. | | | |

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|---|---|--|---|
| 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: <u>CASING PRESSURE TEST</u> <u>TA</u> <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: 05/08/00

Pressure Reading: Initial 520 psi, 15 min - 520, 30 min - 520 psi.

Length of pressure test 30 minutes.

This Approval of Temporary
Assignment Expires 6/27/2005

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

SIGNATURE R. N. Gilbert TITLE LIFT SPECIALIST DATE 06/01/00
 TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

JCG