

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

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

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                      |                                                                        |
|--------------------------------------|------------------------------------------------------------------------|
| WELL API NO.                         | 30-025- 07348                                                          |
| 5. Indicate Type of Lease            | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.         |                                                                        |
| 7. Lease Name or Unit Agreement Name | North Hobbs G/SA Unit Sec. 18                                          |
| 8. Well No.                          | 311                                                                    |
| 9. Pool name or Wildcat              | Hobbs; Grayburg-San Andres                                             |

**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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | 2. Name of Operator<br>Altura Energy LTD                                                                                                                                                                                                                                       |
| 3. Address of Operator<br>P.O. Box 4294, Houston, Texas 77210-4294                                       | 4. Well Location<br>Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line<br>Section <u>18</u> Township <u>18-S</u> Range <u>38-E</u> NMPM<br>10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>3680' DF</u> |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  
**NOTICE OF INTENTION TO:**

|                                                |                                           |
|------------------------------------------------|-------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER: <input type="checkbox"/>           |

**SUBSEQUENT REPORT OF:**

|                                                     |                                                         |
|-----------------------------------------------------|---------------------------------------------------------|
| REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>                |
| COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/>           |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER: 'TxA Status' <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: 8/6/97

Pressure Reading: Initial - 560 psi; 15 min. - 540 psi; 30 min. - 515 psi

Length of time pressure held: 30 min.

Test Witnessed: No

This Approval of Temporary  
Abandonment Expires 9-4-2008

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

SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 8/29/97  
TYPE OR PRINT NAME Mark Stephens (281)  
TELEPHONE NO. 366-7335

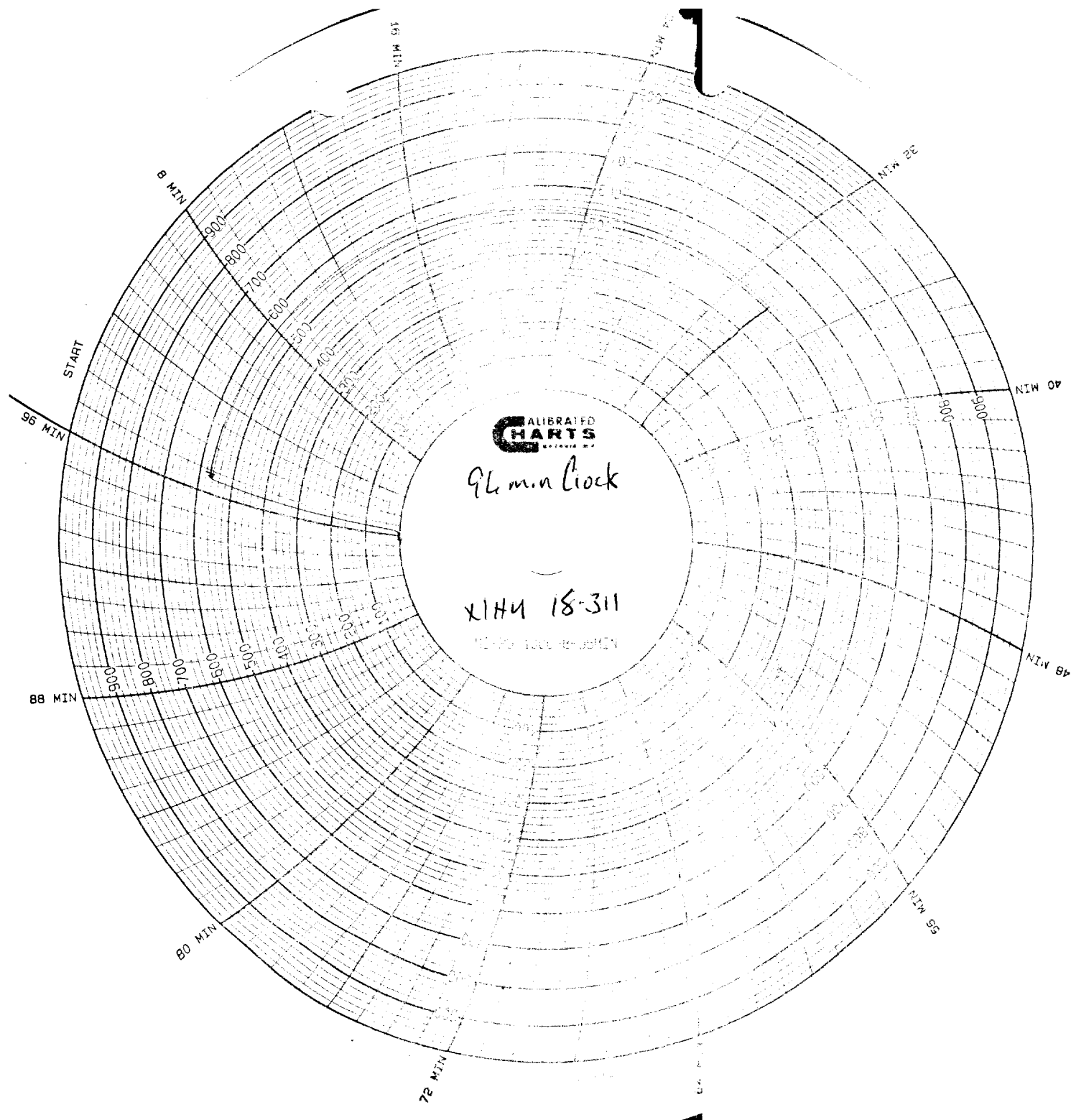
(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS,  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ DATE SEP 4 1997

CONDITIONS OF APPROVAL, IF ANY:

JCISG



CALIBRATED  
CHARTS  
THE NATIONAL BUREAU OF STANDARDS

96 min Clock

X1H4 18-311

100-200-300-400-500-600-700-800-900

2012-2015  
DATE Tracking  
8-6-97

2012-2015  
DATE Tracking  
8-6-97