

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.
30-025-07358

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR | |
| 2. Name of Operator ALTURA ENERGY LTD. | |
| 3. Address of Operator 1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200 | |
| 4. Well Location Unit Letter <u>D</u> <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |

| 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 type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <u>MT</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.

PRESSURE TEST CSG TO 340# FOR 30 MIN. CHART WITNESSED BY THE NMOCD.

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 5-4-98
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)
APPROVED BY MA TITLE MA DATE 5-4-98

