

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. 30-025-07364

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

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 N 660 Feet From The SOUTH Line and 2310 Feet From The WEST Line  
Section 14 19 Township 18-S Range 38-E NMPM LEA County

7. Lease Name or Unit Agreement Name  
NORTH HOBBS UNIT  
GB/SA

8. Well No. 14-241

9. Pool name or Wildcat Hobbs  
GRAYBURG SAN ANDRES

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3688' GL

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>TEMPORARY ABANDONMENT</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.  
REMOVED PRODUCTION EQUIPMENT  
SET CIBP @4100'.  
CIRC CSG W/INHIBITED FLUID.  
TEST CSG TO 580# FOR 30 MIN AND CHART FOR THE NMOCD.

5/13/98

*This approval of [unclear] 4/5/2004*

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

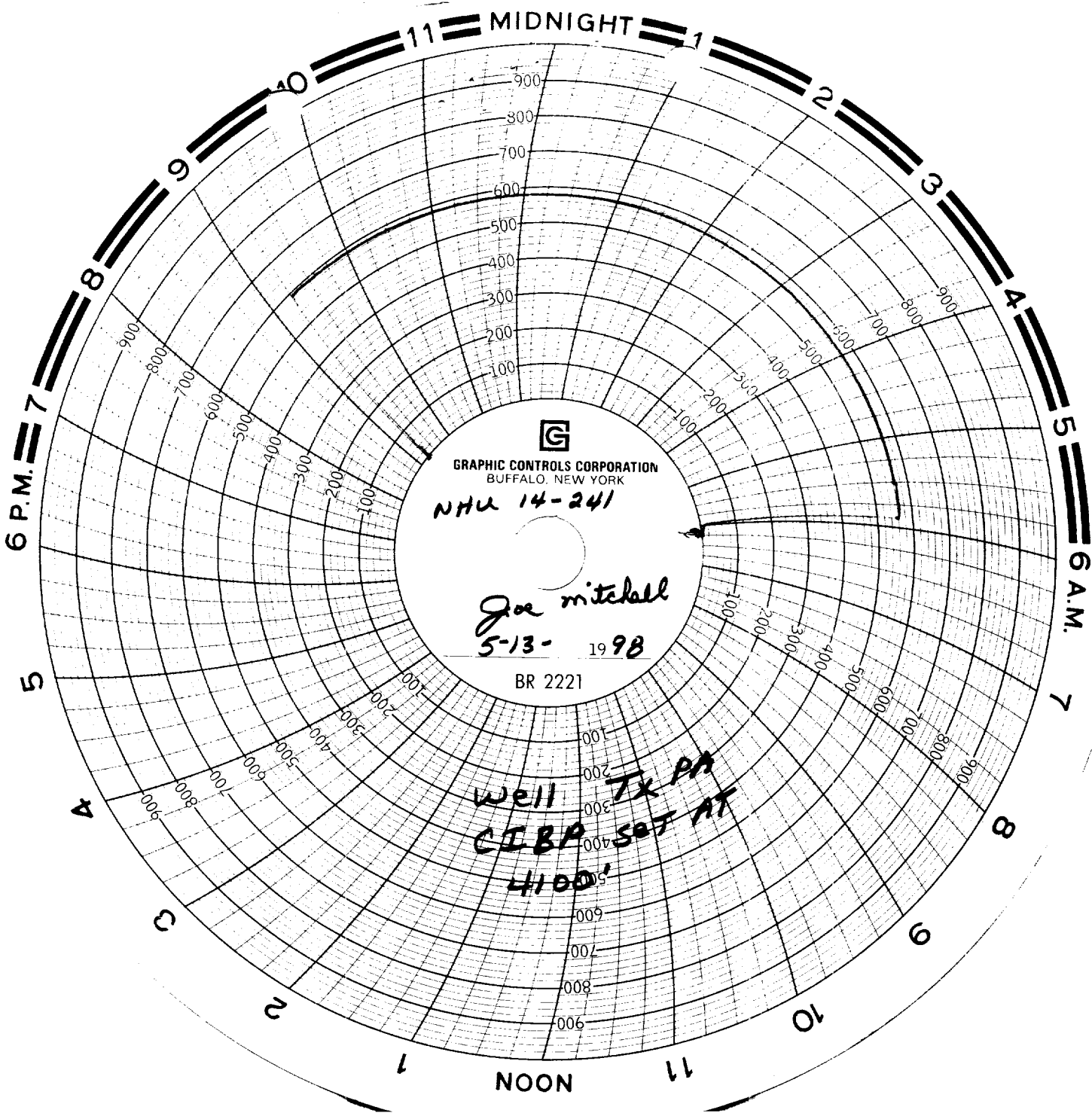
SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 5-28-98  
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

150  
G

dp



**G**  
GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

NHU 14-241

Joe Mitchell  
5-13-1998

BR 2221

Well TX PA  
CIBP SAT AT  
4100'

NOON

6 P.M.

6 A.M.

11 MIDNIGHT 1

11

1 2 3 4 5 6 7 8 9 10 11 12  
7 2008  
Received  
Hobbs  
OCD