OIL CONSERVATION DIVISION

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

DISTRICT I
1625 N. French Drive, Hobbs, NM 88240

WELL API NO.
30-025-07382

5. Indicate Type of Lease

FED		STATE		FEE	X

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.)

7. Lease Name or Unit Agreement Name
NORTH HOBBS (G/SA) UNIT

1. Type of Well:

Oil Well [ ]   Gas Well [ ]   Other   Temporary Abandoned

Section   20

2. Name of Operator   ALTURA ENERGY LTD.

8. Well No.   231

3. Address of Operator   1017 W STANOLIND RD.

9. Pool name or Wildcat
HOBBS (G/SA)

4. Well Location

Unit Letter K   2310   Feet From The   SOUTH   Line and   1320   Feet From The   WEST   Line

Section   20   Township   18-S   38-E   NMPM   LEA   County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3645' GL.

11   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	
PULL OR ALTER CASING [ ]		
OTHER: _____ [ ]		

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]	ALTERING CASING [ ]	
COMMENCE DRILLING OPNS. [ ]	PLUG & ABANDONMENT [ ]	
CASING TEST AND CEMENT JOB [ ]		
OTHER: CASING PRESSURE TEST TA	[X]	

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   540 psi, 15 min   535, 30 min   530 psi.

Length of pressure test 30 minutes.

This Approval of Temporary
Abandonment Expires _____ 6/27/2005

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   06/01/00

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

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____