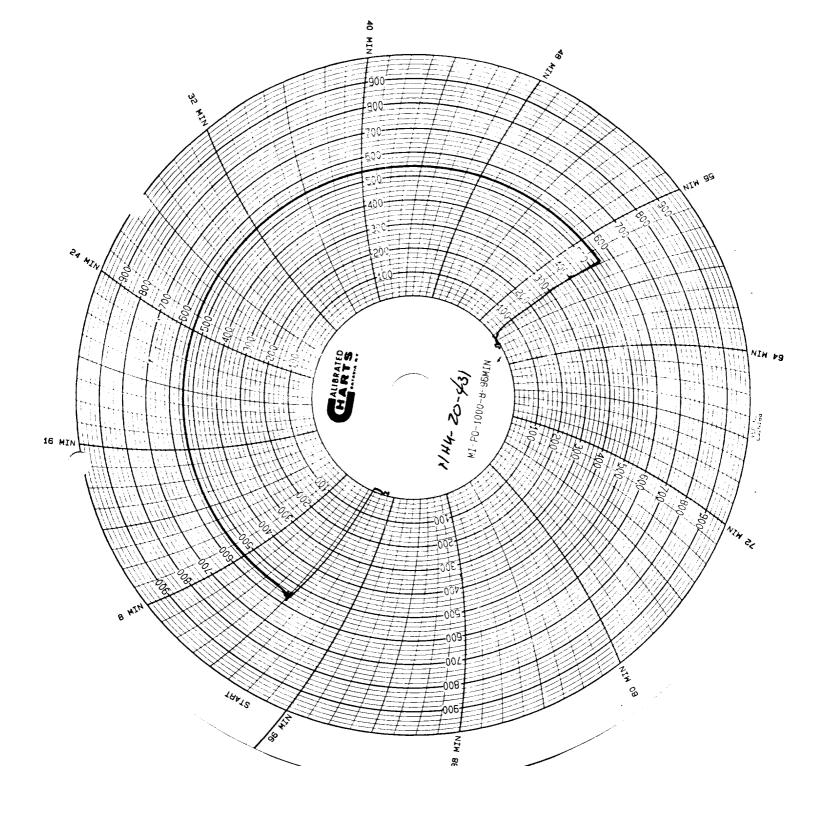
Submit 3 Copies to Appropriate District Office

State of New Mexico nerals and Natural Resources Department Energy

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERV	ATION DIVISION	WELL API NO.
P.O. Box 2:388 P.O. Drawer DD, Artesia, NM 88210 P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		30-025- 07386
		5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		STATE FEE X
		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS O	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"		7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSA	FOR PERMIT"	Lease Patric of Unit Agreement Name
1. Type of Well:		North Hobbs G/SA Unit Sec. 20
WELL X WELL OTHER		
2. Name of Operator		8. Well No.
Altura Energy LTD 3. Address of Operator		431
P.O. Box 4294, Houston, Texas 77210-42	 294	9. Pool name or Wildcat
4. Well Location		Hobbs; Grayburg-San Andres
Unit Letter I : 1650 Feet From The So	uth Line and 660	Feet From The East Line
Section 20 Township 18-S	Range 38-E	NMPM I.ea County
10. Elevation (Show	whether DF, RKB, RT, GR, etc.)	NMPM Lea County
	3644' GR	
11. Check Appropriate Box to Inc	licate Nature of Notice, Re	eport, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING	CASING TEST AND CE	
OTHER:	<u> </u>	
		<u> </u>
 Describe Proposed or Completed Operations (Clearly state all pertunent a work) SEE RULE 1103. 	letails, and give pertinent dates, includ	ing estimated date of starting any proposed
Test Date: 7/7/97		
Pressure Reading: 540 psi		
Length of time pressure held: 30 min.		
Test Witnessed: No		
	This harrows if its	
	This Approved of Tal Abandonases Englands	9-4-2002
I hereby certify that the information above is true and complete to the best of my knowl	odge and belief.	
SIGNATURE More Stephens	mue Business Ana	alyst (SG) DATE 8/26/97
TYPEOR FRINT NAME Mark Stephens		(281) TELEPHONE NO. 366-7335
(This space for State Use) RIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERV SOR		
AFFROVED BY	— TITLE ————————————————————————————————————	DATE 3EP : 4 1997
CONDITIONS OF AFFROVAL, IF ANY:		DATE - 133



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