

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-07391
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)		Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		Well No. 241	
Name of Operator Altura Energy, LTD		Pool name or Wildcat Hobbs (G/SA)	
Address of Operator 1710 Stanolind Rd. Hobbs, New Mexico 88240			
Well Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County			
Elevation (Show whether DF, RKB, RT, GR, etc.)			

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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 AND ANBANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

01/24/00--Notify OCD of intent to plug, spot 35 sx C cement on CIBP @ 4148', spot 25 sx C cement @ 2810'
01/25/00--Tag @ 2611', spot 25 sx cement @ 2000', WOC/tag @ 1793', spot 30 sx C cement @ 335'
01/26/00--Tag plug @ 98', spot 10 sx C, from 30' to surface, cut off well head, install dry hole cap, RDMO

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

SIGNATURE Larry Winn TITLE P4A Supervisor DATE 1-28-00

TYPE OR PRINT NAME Larry Winn TELEPHONE NO. 915-523-5155

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

GW