

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
Name of Operator ALTURA ENERGY LTD	
Address of Operator 1710 STANOLIND RD HOBBS, NM 88240	Well No. 241
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 LEA County	Pool name or Wildcat HOBBS (G/SA)
Elevation (Show whether DF, RKB, RT, GR, etc.) 3646' GR	

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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.

NOTIFY NMOCD BEFORE RIG UP

WELL TA'D 9-15-92 CIBP @ 4148'

SPOT 35 SKS OF C CMT. @ 4148'
SPOT 25 SKS OF CMT @ 2810' BOTTOM OF SALT
SPOT 25 SKS OF CMT @ 2000' TOP OF SALT
SPOT 30 SKS @ 335' SURF. SHOE PLUG
SPOT 10 SKS @ 30- SURF

CUT OFF WELLHEAD & ANCHORS 4' BGL CAP WELL W/ STEEL PLATE. DUE TO WELL IN TOWN WELD INFORMATION ON PLATE 4' BGL

THE COMMISSION MUST BE NOTIFIED 24
HOURS BEFORE ANY DRILLING OR
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED

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

SIGNATURE [Signature] TITLE Agent DATE 1-5-00

TYPE OR PRINT NAME Jack Shelton TELEPHONE NO. 915-523-5755

(This space for State Use)

APPROVED BY [Signature] TITLE FIELD REP. DATE JAN 06 2000

CONDITIONS OF APPROVAL, IF ANY:

