

DISTRICT 1

1625 N. FRENCH DRIVE, HOBBS, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO 300250 739 100
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
2. Name of Operator ALTURA ENERGY LTD	SECTION 21
3. Address of Operator 1017 W. STANOLIND RD	8. Well No 241
4. Well Location Unit Letter N 330 Feet From The SOUTH Line and 1650 Feet From The WEST Line Section 21 Township 18-S RANGE 38-E NMPM LEA County	9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DIF, RKB, RT GR, etc.) 3646' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> TA

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 04/02/99

PRESSURE READING 340 PSI

LENGTH OF PRESSURE READING 30 MIN

TEST WITNESSED NO

This Approval of Temporary
Abandonment Expires 5-11-2004

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 04/06/99
TYPE OR PRINT NAME R N GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY ORIGINAL SIGNATURE TITLE FILED DATE 11/10/00

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