Form C-103 Submit 3 Copies State of New Mexico Revised 1-1-89 to Appropriate Energy, Minerals and Natural Resources Department District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 2040 Pacheco St. 30-025-07393 Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 Indicate Type of Lease FEE 🔯 STATE DISTRICT III State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" NORTH HOBBS (G/SA) (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: WELL X WELL ₃Well No. 2Name of Operator ALTURA ENERGY LTD 131 Address of Operator Pool name or Wildcat 1710 STANOLIND RD HOBBS, NM 88240 HOBBS (G/SA) 4Well Location 1650 Feet From The ___ SOUTH 330 WEST Line and Feet From The Line IFA Township Range NMPM County Elevation (Show whether DF, RKB, RT, GR, etc.) 3257' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: 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.

WELL TA'D 3-30-89 CIBP @ 4030' W/ 42' OF CMT.

- 1-20-00 SPOT 35 SKS OF C CMT @ 3980'
- 1-21-00 PERF. 7" CSG. @ 2000' SET CICR @ 1850' MIX 100 SKS OF CMT SQZ 70 BELOW CAP W/ 30 SKS
- 1-21-00 PERF @ 350' SET PKR @ 30' MIXED 170 SKS OF CMT DOWN 7" THRU PERFS @ 350' UP ANNULUS

SURF. DISPLACED CMT TO 200' INSIDE 7" CSG. WOC & TAG @ 152'

- 1-24-00 SPOT 10 SKS OF CMT @ 30'- SURF
- 1-24-99 CUT OFF WELLHEAD & ANCHORS 3' BGL CAP WELL W/ STEEL PLATE INSTALL DRY HOLE

MARKER 3' BGL

TO

I hereby certify that the injort at on above is true and comple	ete to the best of my knowledge and belief. TITLE Plussing Supervisor	DATE /-76-0 0
TYPE OR PRINT NAME TACK Shelfol		TELEPHONE NO 9/5-523-5/5
(This space for State Use)	Garage I and the	
APPROVED BY	TITLE	DATE

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CONDITIONS OF APPROVAL. IF ANY: