-006"

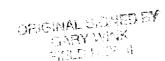
DATE

State of New Mexico inerals and Natural Resources Department

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DISTRICT I OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 WELL API NO. P.O. Box 1980, Hobbs, NM 88240 30-025-07396 Santa Fe, New Mexico 87503 5. Indicate Type of Lease FED [STATE X FEE 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name
North Hobbs (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" GRAYBURG/SAN ANDRES Unit (FORM C-101 FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other INJECTOR 8. Well No. 341 2. Name of Operator ALTURA ENERGY LTD. 9. Pool name or Wildcat 3. Address of Operator HOBBS (F/S/S) 1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200 4. Well Location SOUTH Line and 2310 Feet From The EAST Line 330 Feet From The Unit Letter O **NMPM** LEA 38-E County Section 18-S Range 10. Elevation (Show whether DF, RKB, RT GR, etc.) 3649' DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL PLUG AND **ABANDON** WORK COMMENCE DRILLING OPNS. PLUG & ABANDONMENT **CHANGE PLANS** X TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: OTHER: 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. NOTIFY THE NMOCD OF RIG UP. POOH WITH PRODUCTION EQUIPMENT. ** 4.5" CSG (9.5#) BOTTOM OF 4.5" CSG @ 4015 ** RIH W/4.5" CSG SCRAPER TO 4010'. SET 4.5" CIBP @4000'. OPEN HOLE @4048' - 4238'. TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOR THE NMOCD. ** NOTIFY THE NMOCD 24 HR BEFORE CSG TEST. CIRC CSG WITH INHIBITED FLUID. RDPU. CLEAN LOCATION. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE LIFT SPECIALIST SIGNATURE TELEPHONE 505/397-8206 R.N. GILBERT TYPE OR PRINT NAME NO. (This space for State Use)

TITLE



APPROVED BY