

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO. <u>3D-025-07396</u>	
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name <u>North Hobbs</u> GRAYBURG/SAN ANDRES <u>Unit</u>	
8. Well No. <u>341</u>	
9. Pool name or Wildcat HOBBS <u>GB/SA</u>	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3649' DF	

**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 ☒ Gas Well ☐ Other INJECTOR

2. Name of Operator  
ALTURA ENERGY LTD.

3. Address of Operator  
1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200

4. Well Location  
Unit Letter O 330 Feet From The SOUTH Line and 2310 Feet From The EAST Line  
Section 21 Township 18-S Range 38-E NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>TEMPORARY ABANDON</u> <input checked="" type="checkbox"/>	

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: 8-26-98

Pressure reading: Initial - 630 psi; 15 min. - 630 psi; 30 min. - 630 psi.

Length of time pressure held: 30 min.

Test Witnessed: No

This Approval of Temporary  
Abandonment Expires 10-26-2003

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 9/21/98  
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use) ORIGINAL SIGNED BY GARY N. ... TITLE ... DATE OCT 26 1998  
APPROVED BY ... TITLE ... DATE ...

JCG

jk  
dp

