State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

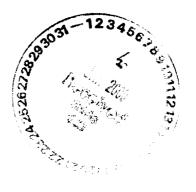
OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St. 300250739700 Santa Fe. NM 87505 DISTRICT II sIndicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE 🔀 STATE **DISTRICT III** State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A -Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" NORTH HOBBS (G/SA) UNIT (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: GAS WELL 🔀 OTHER «Well No. ₂Name of Operator 441 ALTURA ÉNERGY LTD Pool name or Wildcat 3Address of Operator 1710 STQNOLIND RD. HOBBS, NM 88240 505-397-8200 ₄Well Location SOUTH 230 Feet From The Feet From The ____ Unit Letter 18-S 38-E County **NMPM** Township Range **Elevation (Show whether DF, RKB, RT, GR, etc.) 3647 DF Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11 NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PERFORM REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER: 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. THE COMMISSION MUST BE NOTIFIED 24 NOTIFY NMOCD BEFORE RIG UP 393-6161 HOURS PRIOR TO THE BUCKNING OF PLUGGING OVERATIONS FOR THE CAQ3 WELL TA'D 9-30-92 4.5 CIBP @ 4042' IO SE APPROVED. SPOT 35 SKS OF CMT @ 4042' SPOT 25 SKS OF C CMT @ 2810' BOTTOM OF SALT SPOT 25 SKS OF CMT @ 2000' TOP OF SALT SPOT 25 SKS @ 310' SURF. SHOE PLUG SPOT 10 SKS OF CMT @ 30'-SURF CUT OFF WELLHEAD & ANCHORS 4' BGL CAP WELL W/ STEEL PLATE DUE TO WELL IN TOWN WELD WELL INFORMATION ON STEEL PLATE 4' BGL I hereby certify that the information a true and complete to the best of my knowledge and belief. TITLE AGENT DATE 01-05-00 SIGNATURE TYPE OR PRINT NAME JACK SHELTON TELEPHONE NO. 915-523-5155 (This space for State Use)

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APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

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