

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-025- 07409

5. Indicate Type of Lease
FED ☐ STATE ☐ FEE ☒

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Wtr Injector <input type="checkbox"/>	7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
2. Name of Operator ALTURA ENERGY LTD.	8. Well No. 241
3. Address of Operator 1017 W Stanolind Rd., HOBBS, NM 88240 505 397-8200	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location Unit Letter <u>N</u> <u>330</u> Feet From The <u>SOUTH</u> Line and <u>1325</u> Feet From The <u>WEST</u> Line Section <u>27</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DE, RKB, RT GR, etc.) 3643 GL.	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER <u>Install liner in open hole</u> <input checked="" type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER <input 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

- 1 RUN 4-1/2" LINER FROM 14040' TO TD AND CEMENT
- 2 PERFORATE 4235-4340'
- 3 STIMULATE OPEN PERFS.
- 4 RUN INJECTION EQUIPMENT
- 5 TEST PACKER AND RETURN TO INJECTION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE PROD ENGR DATE 8/3/99
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505 397-8200

(This space for State Use)
ORIGINAL SIGNED BY GARY WINK DATE AUG 06 1999
APPROVED BY FIELD REP. II TITLE DATE
CONDITIONS OF APPROVAL IF ANY: