

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

## L CONSERVATION DIVISION

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

WELL API NO. <b>30-025-07409</b>	
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 <b>NORTH HOBBS UNIT</b>	
8. Well No. <b>27-241</b>	
9. Pool name or Wildcat <b>GRAYBURG SAN ANDRES</b>	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <b>INJECTOR</b>	
2. Name of Operator <b>ALTURA ENERGY LTD.</b>	
3. Address of Operator <b>1710 WEST STANOLIND RD, HOBBS, NM 88240</b> <b>505/397-8200</b>	
4. Well Location Unit Letter <b>N</b> <b>330</b> Feet From The <b>SOUTH</b> Line and <b>1325</b> Feet From The <b>WEST</b> Line Section <b>27</b> Township <b>18-S</b> Range <b>38-E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) <b>3637' GL</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data <b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER: <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <b>MIT</b> <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> OTHER: <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 CSG TO 480 PSI FOR 30 MIN AND CHART FOR THE NMOCD.

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 06/19/98  
 TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

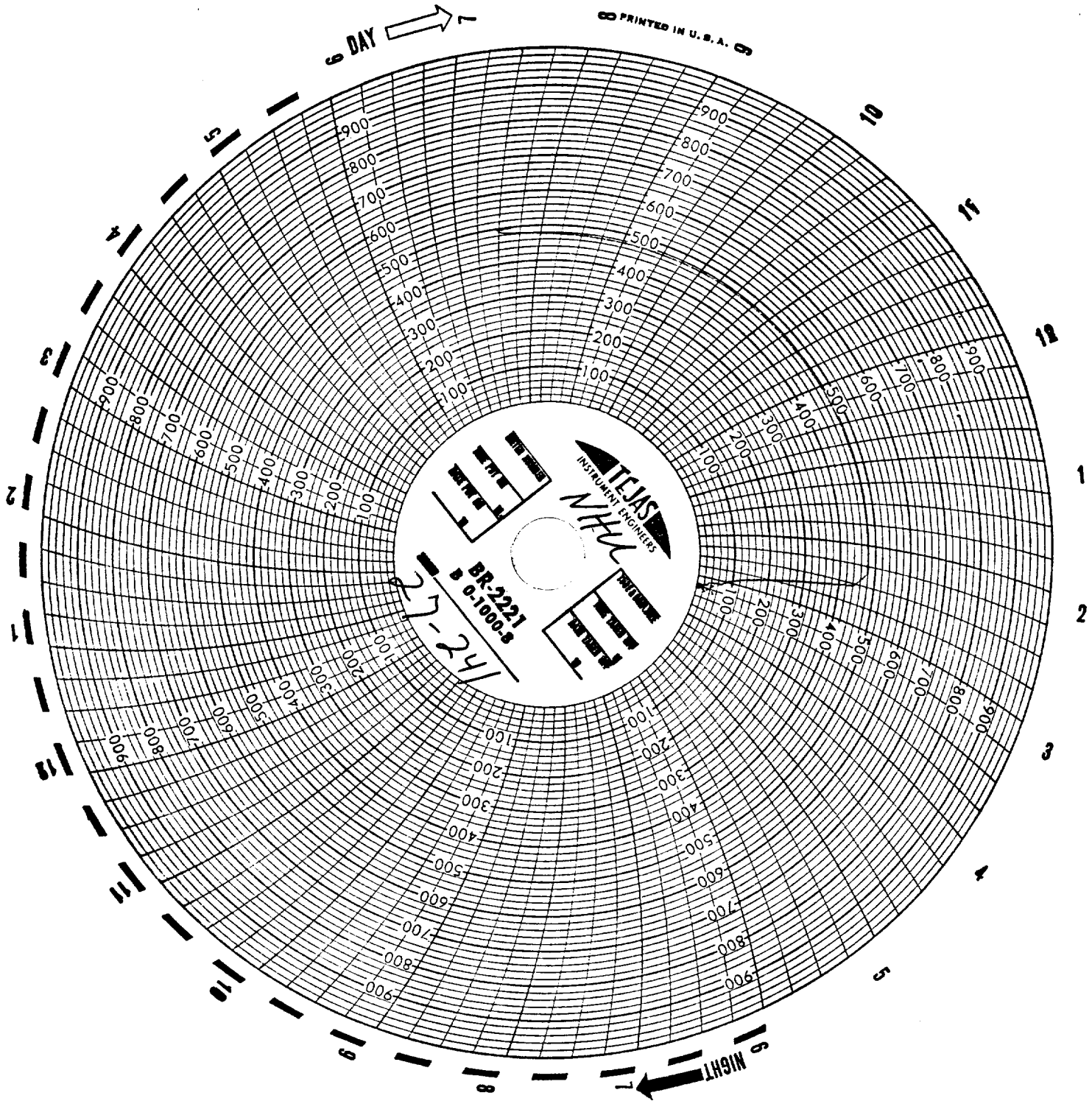
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APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS TITLE DISTRICT I SUPERVISOR DATE AUG 06 1998

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DAY



NIGHT