

DISTRICT 1

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. 30-025-07418
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 Hobbs GRAYBURG/SAN ANDRES Unit
8. Well No. 421
9. Pool name or Wildcat HOBBS OB/SA
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3648' 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> 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 H 2310 Feet From The NORTH Line and 1120 Feet From The EAST Line Section 28 Township 18-S Range 38-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3648' DF	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **TEMPORARY ABANDON** ☒

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: 10/26/98

Pressure reading: Initial 625 psi; 15 min. - 625 psi; 30 min. - 625 psi.

Length of time pressure held: 30 min.

Test Witnessed: No

This Approval of Temporary
Abandonment Expires **12-21-2003**

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 **11/05/98**
TYPE OR PRINT NAME **R.N. GILBERT** TELEPHONE NO. **505/397-8206**

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY: ROBERT WILLIAMS** TITLE **DISTRICT 1 SUPERVISOR** DATE **11-10-1998**

JCGN

dp