

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.	
30-025-07431	
5. Indicate Type of Lease	
FED <input type="checkbox"/>	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
NORTH HOBBS (G/SA) UNIT	
8. Well No.	321
9. Pool name or Wildcat	HOBBS (G/SA)

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 <input type="checkbox"/>
2. Name of Operator	
ALTURA ENERGY LTD. <i>Occidental Permian LP</i>	
3. Address of Operator	
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200	
4. Well Location	
Unit Letter <u>G</u>	: <u>2310</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line
Section <u>29</u>	Township <u>18S</u> Range <u>38E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3655 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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <u>Convert to Water Injection</u> <input checked="" type="checkbox"/>
OTHER: <u>Convert to Water Injection</u> <input checked="" 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. Pull production equipment.
2. Stimulate lower San Andres.
3. Run injection equipment.
4. Test packer and wait to inject.

Injection permit is approved by NMOCID.

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

SIGNATURE *D. Nelson* TITLE PROD ENGR DATE 8/10/01
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: