## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

ER E D: TDIDLIGATE				Revised 1-1-89
FILE IN TRIPLICATE		ATION DIVISION		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-025-07465	
DISTRICT II	· · · · · · · · · · · · · · · · · · ·		5. Indicate Type of Lease	
811 S. 1st Street, Artesia, NM 88210			FED STATE	FEE X
DISTRICT III			6. 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  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101 FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name  NORTH HOBBS (G/SA) UNIT	
1. Type of Well:			(9,212)	
Oil Well X  2. Name of Operator	Gas Well Other		O.W. HAL	
ALTURA ENERGY LTD.			8. Well No. 411	
3. Address of Operator			9. Pool name or Wildcat	HOBBS (G/SA)
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200				
4. Well Location			<del></del>	
Unit Letter A : 330	Feet From The NORTH	Line and 330 Fee	et From The <u>EAST</u>	Line
Section 30	Township 18S	Range 38E	NMPM	LEA County
	10. Elevation (Show whether DF, R 3660 GL	PKB, RT GR, etc.)		
11. Check A	Appropriate Box to Indicate N	lature of Notice, Report, or C	Other Data	
NOTICE OF INTEN			SEQUENT REPORT OF	<b>=</b> ;
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	
	CHANGE PLANS	COMMENCE DRILLING OP		BANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
	X	OTHER:	11 30B	<del></del>
OTHER: Convert to water injector  12. Describe Proposed or Completed Operations (Completed Operations)				
SEE RULE 1103.	Stearty state an periment details, an	ia give pertinent aates, including e	stimated date of starting any propo	sed work)
1. DO CIBP at 4000'.				
2. Test squeezed perfs at 4055-4125.				
3. Perforate San Andres 4171-4300.				
4. Stimulate perforations.				
5. Run injection equipment.				
Well not inject until permit is a	approved			
on not injoot until perint is a	-FF-0.00.			
	4			
I hereby certify that the information above is true a	and complete to the best of my knowl	edge and belief.		-1/
SIGNATURE ( )	100	TTTLE PROD ENGR	DATE	3/8/00
TYPE OR PRINT NAME D. NELSON			TELEPHONE NO.	505/397-8200
(This space for State Use)				· · · · · · · · · · · · · · · · · · ·
ADDROVED BY		TITT C	DATE	ì

CONDITIONS OF APPROVAL IF ANY:

