

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025- 07470

5. Indicate Type of Lease
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 ☒ GAS WELL ☐ OTHER

2. Name of Operator
Altura Energy LTD

3. Address of Operator
P.O. Box 4294, Houston, Texas 77210-4294

4. Well Location
Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line

Section 30 Township 18-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3659' GR

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 AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Temporary Abandonment ☒

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.

2/2/98 - Temporarily abandon well. Squeeze perfs @ 4056' - 4124' and set 4-1/2" CIBP at 4000'. Pressure test well for 30 minutes - Initial: 700 psi.; 15 Min.: 690 psi.; 30 Min.: 685 psi. (2/4/98). Test not witnessed.

This approval is hereby
Abandonment Expires 4/3/2003

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

SIGNATURE Mark Stephens

TITLE Business Analyst (SG)

DATE 3/25/98

TYPE OR PRINT NAME Mark Stephens

(281)
TELEPHONE NO. 552-1158

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE _____

ICG 45

1/1

