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

DISTRICT I

## OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206					L API NO.			
	Santa Fe, New Mexico 87503				i i	30-025-07470  5. Indicate Type of Lease  FED STATE FEE X			
					~				
					6. Sta	ite Oil & Gi	s Lease No.		
GLD TO DAY A VO									
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"						7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT			
(FORM	C-101 FOR SUCH PROPO	SALS.)	COMMI		NOR	TH HORE	BS (G/SA)	UNIT	
1. Type of Well:				<u> </u>					
Oil Well X 2. Name of Operator ALTUR	Gas Well A ENERGY LTD.	Other							
	LINEROT LID.				8. We	ll No.	<b>3</b> 0-411		
Address of Operator 1017 W STANOLIND RD.					9. Poo	9. Pool name or Wildcat			
İ					HOBI	BS (G/SA)	)		
4. Well Location						_ <del></del>			
Unit Letter A : 330'	Feet From The NO	ND 777 T							
<u>A</u> 70 . 330	NC	ORTH L	ine and	330'	Feet From Ti	he <u>F</u>	EAST	Line	
Section 30	Township	18S		Range	38E	NMPM		LEA Cour	ntr.
	10. Elevation (Show wh 3659' GL	ether DF, RK	B, RT GR, ei	tc.)				LLA COU	
11. Chec	////A	7. 1			<del> </del>				
NOTICE OF INT	k Appropriate Box to ENTION TO	Indicate Na	iture of N	otice, Rep	ort, or Othe	r Data	<b>05</b>		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	l,	DELIERT		UBSEQUE	NT REP	ORT OF:		
TEMPORARILY ABANDON X	CHANGE PLANS		REMEDIAL			=	ALTERING		
PULL OR ALTER CASING	CHANGE PLANS	1		E DRILLING		Ш	PLUG & AE	BANDONMENT	
OTHER:				ST AND CE	MENT JOB				
12 Describe Proposed of Completed Co.			OTHER:						
12. Describe Proposed or Completed Operatiwork) SEE RULE 1103.	ons (Clearly state all pertine	ent details, and	d give pertin	ent dates, inc	cluding estima	ted date of	starting any	proposed	
DOU WARDON FOLIUM CENTE									
POH W/PROD EQUIPMENT. RIH W/4.5" CSG SCRAPER TO 4050	' <b>SO7</b> DEDES 4056 41	24							
SET 4.5" CIBP @4000'.									
TEST CSG FOR TO 500# FOR 30 MI	N AND CHART FOR T	HE NMOCE	).						
CIRC CSG WITH INHIBITED FLUID POH WITH TBG. RDPU.									
Toll Will Ibd. Rbi U.									
* NOTIFY THE NMOCD 24HR BEFO	ORE CSG TEST.								
I hereby certify that the information above is tr	ue and complete to the boot	fmukmand 1		<del></del>					
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SIGNATURE Tobut	1 MW	1	TITLE <u>L</u>	IFT SPECL	ALIST		DATE	01/21/98	
TYPE OR PRINT NAME R.N. GILBEF	tT	<del></del>				TELEPH	— IONE NO.	505/397-8206	<del></del>
(This space for State Use)								3 3 3 7 - 0 2 0 0	==
APPROVED BY DESTRUCT	BY CHRIS WILLIAMS	TITLE				<b>.</b>			
		_				DAT	E .	. 12. 2	

