

DISTRICT I

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. 30-025-07480
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
2. Name of Operator ALTURA ENERGY LTD.	8. Well No. 30-241
3. Address of Operator 1017 W STANOLIND RD.	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location Unit Letter <u>N</u> : <u>440</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line Section <u>30</u> Township <u>18S</u> Range <u>38E</u> NMPM LEA County	
10. Elevation (Snow whether DF, RKB, RT GR, etc.) 3669' DF	

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"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input 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.

POH W/PROD EQUIPMENT
RIH W/5" CSG SCRAPER TO 3950'
SET 5" CIBP @3900'. TOP PERF 3946
TEST CSG FOR TO 500# FOR 30 MIN AND CHART FOR THE NMOCD.
CIRC CSG WITH INHIBITED FLUID.
POH WITH TBG. RDPU.

* NOTIFY THE NMOCD 24HR BEFORE CSG TEST.

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

SIGNATURE Robert Gilbert TITLE LIFT SPECIALIST DATE 01/21/98
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY STANLEY J. GILBERT TITLE SENIOR LIFT SPECIALIST DATE 01/21/98