Form C-103 Revised 1-1-89

Energy,

DISTRICT I	

## OIL CONSERVATION DIVISION

	SERVATION DIVISION		
310 0		WELL API NO.	
San	a Fe, New Mexico 87503	30-025-07487	
		5. Indicate Type of Lease	
		FED STATE X FEE	
	Γ	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORT	CS ON WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRIVE OF	TO		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DIFFERENT RESERVOIR. USE "APPLICAT	ON FOR PERMIT"	7. Lease Name or Unit Agreement Name	
(FORM C-101 FOR SUCH PROPO		North Hobbs	
1. Type of Well:	'	GRAYBURG / SAN ANDRES	
Oil Well Gas Well	Other INJECTOR	Chris	
Name of Operator ALTURA ENERGY LTD		8. Well No. 141	
3. Address of Operator			
1710 WEST STANOLIND RD. HOBBS. NM 88240		9. Pool name or Wildeat	
4. Well Location	303/37/-6200	HOBBS GB SA	
Unit Letter M 990 Fast From The Soc			
Contribution M 990 Feet From The SO	UTH Line and 990 Feet Fr	rom The WEST Line	
Section 30 Township	18-S Range 37 E		
10. Elevation (Show as	18-S Range 37-E ether DF, RKB, RT GR, etc.)	NMPM LEA County	
3663° DF			
Check Appropriate Box to	ndicate Nature of Notice. Report, or (	Other Data	
NOTICE OF INTENTION TO:	SUBSE	QUENT REPORT OF:	
PERFORM REMEDIAL PLUG AND	REMEDIAL WORK		
WORK ABANDON	L. HORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS	NUI O S A TOUR	
PULL OR ALTER CASING		TELO CONTROL MENT	
OTHER:	CASING TEST AND CEMENT.		
	OTHER: TEMPORARY AE	BANDON	
12. Describe Proposed or Completed Operations (Clearly state all per ment details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.			
The state of the state of state and proposed			
TEST DATE. 07/01/98			
PRESSURE READING: 500 PSI			
TRESOURE READING. DUI [5]			
LENGTH OF TIME PRESSURE HELD. 30 MIN.			
	is Approval of	1 mx 21 9-29-2003	
	equalization de despes	~ 14-29-2002	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
A The state and complete to the re	st or my knowledge and belief.		
SIGNATURE John 7 Hilfut	TITLE LIFT SPECIALIST	DATE 8-4-60	
TYPE OR PRINT NAME R.N. GILBERT	22 to Details		
		TELEPHONE 505/397-8206 No	
(This space for State Use)			
APPROVED BY OF CO.	TITLE	SEP 29 1998	
	TITLE	DATE	

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