

DISTRICT 1

## OIL CONSERVATION DIVISION

1625 N. French Drive, Hobbs, NM 88240

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.	
300250751400	
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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>injector</u>	
2. Name of Operator		ALTURA ENERGY LTD.	
3. Address of Operator		1017 W STANOLIND RD	
4. Well Location		SECTION 31	
Unit Letter <u>E</u> <u>1980</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u> Line		8. Well No. <u>121</u>	
Section <u>31</u> Township <u>18-S</u> <u>38-E</u> NMPM <u>LEA</u> County		9. Pool name or Wildcat HOBBS (G/SA)	
10. Elevation (Show whether DF, RKB, RTGR, etc.)		3665' DF	

11 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 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: <u>T &amp; A STATUS</u>	<input checked="" 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.

TEST DATE 06/02/99

RU SCHLUMBERGER SET CIBP @ 3955'

CHART FOR THE NMOCID

PRESSURE READING 500 PSILENGTH OF PRESSURE READING FIELD 30 MINTEST WITNESSED YES J. ROBINSONThis Approval of Temporary  
Abandonment Expires 06-21-2004

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

SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 06 01 99  
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

JLSNG

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