

DISTRICT 1

1625 N FRENCH DRIVE, HOBBS, NM 88240

OIL CONSERVATION DIVISION

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 <input type="checkbox"/> Injector <input type="checkbox"/>	7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
2. Name of Operator ALTURA ENERGY LTD.	SECTION 31
3. Address of Operator 1017 W STANOLIND RD	8. Well No. 121
4. Well Location 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 Section <u>31</u> Township <u>18-S</u> RANGE <u>38-E</u> SMPM <u>11E</u> County	9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether DF, RKB, RTGR, etc.) 3665' DF	

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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 & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

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

NOTIFY THE NMOC 24 HRS BEFORE RIG UP (393-6161)

RELEASE PKR AND POOH W/PKR AND 127 JTS 2-7/8" DUOLINE TBG - PKR - 7" GULBERSON UNI-VI
RIH W/7" GAUGE RING TO 3960'
SET 7" CIBP @ 3955' TOP PERF @ 4056' OPEN HOLE 4075-4189
CIRCULATE CASING W/INHIBITED FLUID (155 BBLS)
POOH LAYING DOWN TBG
TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOR THE NMOC

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 05/03/99
TYPE OR PRINT NAME R N GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

ORIGINAL SIGNED BY
APPROVED BY GARY WINK TITLE FIELD REP. II DATE 05/03/99