State of New Mexico Energy, Minerals and Natural Resources Department

	Revised 1-1-89		
SILE IN TRIPLICATE OIL CONSERVATION DIVISION			
DISTRICT I 2040	Pacheco St. WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240 Santa F	e, NM 87505 30-025-07568		
DISTRICT II	5. Indicate Type of Lease		
811 S. 1st Street, Artesia, NM 88210	FED STATE FEE X		
DISTRICT III	6. State Oil & Gas Lease No.		
1000 Rio Brazos Rd, Aztec, NM 87410			
SUNDRY NOTICES AND REPORTS ON W	ELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPE	NOR PLUG BACK TO A 7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR H	ERMIT"		
(FORM C-101 FOR SUCH PROPOSALS.)	NORTH HOBBS (G/SA) UNIT		
1. Type of Well:			
Oil Well X Gas Well Other			
2. Name of Operator	8. Well No. 431		
ALTURA ENERGY LTD. 3. Address of Operator			
	9. Pool name or Wildcat HOBBS (G/SA)		
4. Well Location 4. Well Location	97-8200		
Unit Letter I : 1640 Feet From The SOUTH	Line and 1190 Feet From The EAST Line		
Section 34 Township 18S	Range 38E NMPM LEA County		
10. Elevation (Show whether DF, J			
3624 GL			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON X CHANGE PLANS	COMMENCE DRILLING OPNS.		
PULL OR ALTER CASING			
OTHER:	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.

- 1.
- Pull production equipment. Run CIBP to within 100' of open hole at 4063' 2.
- 3. Circulate packer fluid.
- 4. Call NMOCD and pressure test casing and plug.

I hereby certify that the information boyelis true and complete to the best of my knowledge and belief.			
SIGNATURE	TITLE PROD ENGR	DATE 11/12/99	
TYPE OR PRINT NAME D. NELSON		TELEPHONE NO. 505/397-8200	
(This space for State Use)			
(This space for State Use)     OPEN INFORMATION DEPARTMENT       APPROVED BY     OPEN INFORMATION DEPARTMENT	_ TITLE	DATE 2 1 (36)	
CONDITIONS OF APPROVAL IF ANY:			

Form C-103