

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. <b>30-D25-D7575</b>	
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name <b>SOUTH HOBBS UNIT</b> <b>GB/SA</b>	
8. Well No. <b>001</b>	
9. Pool name or Wildcat <b>Hobbs</b> <b>GRAYBURG SAN ANDRES</b>	

**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 ☒ Gas Well ☐ Other ☐

2. Name of Operator

**ALTURA ENERGY LTD.**

3. Address of Operator

**1710 WEST STANOLIND RD, HOBBS, NM 88240**

**505/397-8200**

4. Well Location

Unit Letter **D** **660** Feet From The **NORTH** Line and **660** Feet From The **WEST** Line

Section **34** Township **18-S** Range **38-E** NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
**3630' GL**

11. 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: **TEMPORARY ABANDON** ☒

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.

**PULL OUT OF HOLE WITH PRODUCTION EQUIPMENT.**

**RIH W/5" CSG SCRAPER TO 4060'.**

**SET 5" CIBP @4030'. TOP PERF @ 4080'.**

**TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOT THE NMOC'D.**

**CIRC CSG WITH INHIBITED FLUID.**

**POH W/TBG. RDP. CLEAN LOCATION.**

*6/11/98*

**This Approval of Temporary Abandonment Expires**

**8-7-2003**

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

**06/10/98**

TYPE OR PRINT NAME

**R.N. GILBERT**

TELEPHONE NO.

**505/397-8206**

(This space for State Use)

APPROVED BY

**ORIGINAL SIGNED BY CHRIS WILLIAMS**  
**DISTRICT SUPERVISOR**

TITLE

DATE

**AUG 06 1998**

*ICGN*

*9/8*





