## State of New Mexico Energy, Minerals and Natural Resources Department

Revised	1-1-89

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION				WELL API NO.		
Santa Fe, NM 87505				30-025-26696			
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	CT II				sIndicate Type of Lea	ase STATE FEE	
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410					∘State Oil & Gas Lea	ase 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.)				;Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit			
;Type of Well: OIL GAS WELL WELL	отнек Injector						
<sup>2</sup> Name of Operator Altura Energy, LTD					⊮Well No. 331		
3Address of Operator 1710 Stanolind Rd. Hobbs, New	w Mexico 88240				Pool name or Wildo Hobbs (G/SA)		
4Well Location		th	_ Line and	2260	Feet From The	East Line	
Section 21	Township18		lange	38-E	NMPM	Lea County	
	₁₀Elevation (Show wh	nether DF, I	RKB, RT, GR, ei	fc.)			
11 Check	Appropriate Box to India	cate Na	ture of No				
NOTICE OF	INTENTION TO:			SUB	SEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL W	ORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT				
PULL OR ALTER CASING	]		CASING TEST AND CEMENT JOB				
OTHER:			OTHER:				
Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent detail	ils, and give	e pertinent dates	, including e	estimated date of starti	ng any proposed	
03-06-00 Notify EMNRD-OCD 03-06-00 Mix mud & circulate h 03-06-00 Spot 35 sxs cmt @ 4 03-07-00 Perf 4 holes @ 2810' 03-08-00 Set pkr @ 2500'; sqz 03-08-00 Perf 4 holes @ 2000' 03-09-00 Tag plug @ 1883' 03-09-00 Perf 4 holes @ 470'; 03-10-00 Cut off wellhead, inst	oole 035' 35 sxs cmt; Tag @ 2687' ; set pkr @ 1700'; sqz 35 sxs o pump 125 sxs cmt down 4 1/2	2" csg, cir	c out of 8 5/i	3" to surf;	leave 4 1/2" csg f	full of cmt	
I hereby certify that the injurynation abo	ove is true and complete to the best of	my knowle	dαe and belief				
K	ove is the and complete to the best of			ergy, P &	A Supervisor	<sub>DATE</sub> 03-10-00	
TYPE OR PRINT NAME LARRY WINN		···				TELEPHONE NO (915) 523-515	
(This space for State Use)							

CONDITIONS OF APPROVAL, IF ANY: GWW

APPROVED BY

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