## State of New Mexico E. y, Minerals and Natural Resources Departme

## **DISTRICT 1**

## OIL CONSERVATION DIVISION

	OIL CO	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503						
P.O. Box 1980, Hobbs, NM 882	310					WELL API NO. 3D-D25-22601		
					5. Indicate Typ		~~~~	
					FED	STATE	X FEE	$\neg$
					6. State Oil & 0			_ ! _
SUNDRY NOTICES AND REPORTS ON WELLS								
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					7. Lease Name	or Unit Agreen	ment Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101 FOR SUCH PROPOSALS.)				NORTH HOBBS UNIT				
1. Type of Well:					- NORTH HOL	DDS UNII		
Oil Well	Gas Well	Other []	VJECTOR					
Name of Operator     ALTURA ENERGY I	.TD.				8. Well No.	19-431		
3. Address of Operator 1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200					9. Pool name or Wildcat GRAYBURG SAN ANDRES			
4. Well Location	do, Trobbo, Trial 66240		3031391-02		TOWATBORG	SAIN AINDR	ES	
Unit Letter I	1650 Feet From The	SOUTH	Line and	990 Fo	et From The	EAST	Line	
Section	Township	18-S		Range 38-	E NMP:	М	LEA County	ı
	10. Elevation (Show	v whether DF,	RKB. RT GR	, etc.)				
11.	Check Appropriate Box	to Indicate 1	Nature of I	•				
	OF INTENTION TO:			SUL	BSEQUENT RI	EPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIA	AL WORK		ALTERING O	CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMEN	CE DRILLING O	PNS.	PLUG & AB	ANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMI				ENTJOB				
OTHER:			OTHER:	MIT				X
12. Describe Proposed or Complework) SEE RULE 1103.	eted Operations (Clearly state all p	ertinent details	t, and give pe	rtinent dates, inch	uding estimated dat	e of starting any	s proposed	
DDUCCIDI TUCU (2007) TV	2404 COD 20 MINI - (211 A 122	r Marekie ooi	. D. V. 33111	PAIN (CALIF				
PRESSURE TEST CSG TO	340# FOR 30 MIN. CHAR?	I WILNESSI	וווו אם כו:	s NMOCD.				
I hereby certify that the information	on above is true and complete to the	ne best of my k	nowledge an	d belief.				
SIGNATURE Total	1 11- Fillent		TITLE	LIFT SPECIAL	LIST	DATE	5-4-9	5_
TYPE OR PRINT NAME R.N	N. GILBERT				TELI NO.	EPHONE	505/397-8206	
(This space for State Use)								
Original						<b>}</b>		
APPROVED BY	IONAL SIERIEO BY	TITLE			[	DATE	- C &	

