State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	FILE IN TRIPLICATE OIL CONSERVATION DIVISION					
DISTRICT I	2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.	r I		
P.O. Box 1980, Hobbs, NM 88240				30-025-23035		
DISTRICT II			5. Indicate Type of Lea	STATE	FEE X	
811 S. 1st Street, Artesia, NM 88210			6. State Oil & Gas Lea		TEE X	
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410			0, State Off & Gas Lea	ac IVO.		
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	7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"						
(FORM C-101 FOR SUCH PROPOSALS.)			NORTH HOBBS (G/SA) UN	NLL	
1. Type of Well: Oil Well X	Gas Well Other					
2. Name of Operator			8. Well No. 232	2		
ALTURA ENERGY LTD. 3. Address of Operator			9. Pool name or Wilde	at	HOBBS (G/SA)	
1017 W. Stanolind Rd., HOBBS, N	IM 88240 505/397	-8200	7. 1 00. 11		11(7)7)((7)7)	
4. Well Location						
Unit Letter K 1980	Feet From The SOUTH	Line and	Feet From The WES	ST	Line	
Section 32	Township 18S	Range 3	8E NMPM		LEA County	
	10. Elevation (Show whether DF, RKI	3, RT GR, etc.)				
3628 GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
11. Check NOTICE OF INTE			r Other Data BSEQUENT REPO	RT OF:		
PERFORM REMEDIAL WORK X	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING C	ASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PL	.UG & ABA	NDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEM	IENT JOB			
OTHER:		OTHER:				
12. Describe Proposed or Completed Operation			a actimated data of starting	nu neana-a	d reark)	
12. Describe Proposed or Completed Operation SEE RULE 1103.	s (Clearly state all pertinent details, and ,	give pertinent dates, incatan	g estimatea axie oj starting s	my propose	u work)	
 Pull production equipment. Perforate San Andres 4108-4195. Stimulate with 65 bbls, 15% HCI Run production equipment. 						
\wedge						
I hereby certify that the information above is tr	e and complete to the best of my knowled	ge and belief.			_	
SIGNATURE ASSESSMENT	hel-	TITLE PROD ENGI	R	DATE	7-11-00	
TYPE OR PRINT NAME D. NELSON			TELEPHO	NE NO.	505/397-8200	
(This space for State Use)						
		TITLE		DATE	***:	
APPROVED BY				- 5		

CONDITIONS OF APPROVAL IF ANY: