

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-23130

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Shell A State

8. Well No.

7

9. Pool name or Wildcat

Hobbs; Lower Blinbry

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

P.O. Box 4294, Houston, TX 77210-4294

4. Well Location

Unit Letter H : 1930 Feet From The North Line and 660 Feet From The East Line

Section

32

Township

18-S

Range

38-E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3646' DF

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 AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Temporary Abandonment ☒

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.

2/1/97 - Pull production equipment. Set CIBP @ 5275' x cap with 20' cement. Circulate casing with inhibited fluid. Test casing for 30 minutes (Initial: 495 psi.; 15 Min.: 485 psi.; 30 Min.: 480 psi.) and chart for the NMOCD. Test not witnessed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Mark Stephens

TITLE

Business Analyst (SG)

DATE

12/1/97

TYPE OR PRINT NAME

Mark Stephens

(281) 552-1158
TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

AUG 2 1998

CONDITIONS OF APPROVAL, IF ANY:

