

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-025-23263

5. Indicate Type of Lease

FED ☐

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTH HOBBS (G/SA) UNIT

8. Well No. 33-122*

9. Pool name or Wildcat HOBBS (G/SA)

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

1017 W. Stanolind Rd., HOBBS, NM 88240

505/397-8200

4. Well Location

Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line

Section 33

Township 18S

Range 38E

NMPM

LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3657 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: PLUGBACK TO SAN ANDRES

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOE ☐

OTHER: ☐

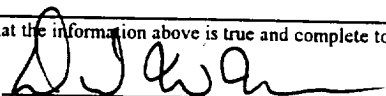
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)
SEE RULE 1103.

* Formally Altura, Well No. State G #5

1. SET CIBP AT 5250' AND CAP WITH CEMENT.
2. RUN CEMENT BOND LOG FROM 4400' TO 200'.
3. PERFORATE SAN ANDRES FROM 4000' TO 4200'.
4. ACIDIZE PERFORATIONS WITH 3000 GALS. OF 15% HCL.
5. RUN PRODUCTION EQUIPMENT.

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

SIGNATURE



TITLE PROD ENGR

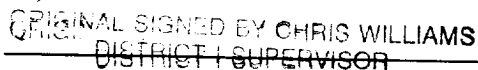
DATE 10/29/97

TYPE OR PRINT NAME D. NELSON

TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY


ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

TITLE

DATE 10/29/97

CONDITIONS OF APPROVAL IF ANY: