DISTRICT I

## OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503			WELL API NO.	
	Sam	a re, Ne	W Mexico 8/503		
				5. Indicate Type of Lease	
				FED STATE	
				6. State Oil & Gas Lease No	i.
SUNDRY NOTI	CES AND REPORT	S ON W	ELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEDEN OR BLUC DAGUETO				7 Leasa Nome of Victor	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101 FOR SUCH PROPOSALS.)				7. Lease Name or Unit Agreement Name	
1. Type of Well:	-101 FOR SUCH PROPOS	SALS.)		NORTH HOBBS UNIT	
Oil Well X	Gas Well	Other			
2. Name of Operator	<del></del>			8. Well No. 313	
ALTURA ENERGY LTD.  3. Address of Operator				8. Well No. 313	
1710 WEST STANOLIND RD. HOBB	S NIM 00240			9. Pool name or Wildeat	
4. Well Location	B, 14141 0024U		505/397-8200	GB/SA	
Unit Letter B 405	Feet From The N()	RTH	Lincond 2272 n		
Suria 20		1(111	Line and 2272 Feet	From The EAST	_ Line
Section 30	Township	18-S	Range 38-E	NMPM	LEA County
	10. Elevation (Show who 3657) GL	ether DF, I	RKB, RT GR, etc.)		ELA County
11. Check	1	idicata N	Nature of Notice, Report, or		
NOTICE OF INTER	TION TO:	idicate P	valure of Notice, Report, or	Other Data	
PERFORM REMEDIAL	PLUG AND			EQUENT REPORT OF	•
	ABANDON		REMEDIAL WORK	ALTERINO	CASING
TEMPORARILY ABANDON X	CHANGE PLANS		COMMENCE DRILLING OPN		
PULL OR ALTER CASING					BANDONMENT
OTHER:		l	CASING TEST AND CEMENT	JOB []	
12 Describe Proposed of Complete 10			OTHER:		
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	is (Clearly state all pertine	ent details,	and give pertinent dates, includir	g estimated date of starting a	ny proposed
NOTIFY THE NMOCD OF RIG UP. (	393-6161)				
POOH WITH SUBMERSIBLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
RIH W/5.5" CSG SCRAPER TO 4100".					
SET 5.5" CIBP @4065". TOP PERF @ TEST CSG TO 500 PSI FOR 30 MIN AN	41141. ND CHART EOD THE	Muan	****		
TEST CSG TO 500 PSI FOR 30 MIN AT CIRC CSG WITH INHIBITED FLUID.	POOH LAYING DOW	NMOCD 'N TRG	. ***** NOTIFY THE NMOO	CD 24 HR BEFORE CSG	TEST.
RDPU. CLEAN LOCATION.	2011 11 (0 150)	(4 11)().			
I hereby certify that the information above is tru	e and complete to the best	of my kno	wledge and belief.		
SIGNATURE TO SHALL I	YMM -				(7 0 0 0 -
<del></del>	vynu		TITLE LIFT SPECIALIST	DATE DATE	12-17-98
TYPE OR PRINT NAME R.N. GILBERT				TELEPHONE	505/397-8206
(This space for State Use)				NO.	
APPROVED BY					1
KOVLD D1	T	TTLE		DATE	