

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

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	23375
30-025-23775	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit	
8. Well No. 111	
9. Pool name or Wildcat Hobbs; Grayburg-San Andres	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3641' DF	

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Injector	2. Name of Operator Altura Energy LTD
3. Address of Operator P.O. Box 4294, Houston, Texas 77210-4294	4. Well Location Unit Letter D : 1200 Feet From The North Line and 470 Feet From The West Line Section 27 Township 18-S Range 38-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3641' DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Temporary Abandonment <input checked="" type="checkbox"/>

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.

2/4/97 - Pull injection equipment. Set CIBP @ 4100' x cap with 20' cement. Circulate casing with inhibited fluid. Test casing for 30 minutes (Initial: 560 psi.; 15 Min.: 575 psi.; 30 Min.: 585 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 11/25/97

TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. (281) 552-1158

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 12 1997

CONDITIONS OF APPROVAL, IF ANY:

mp

