

DISTRICT 1

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

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 checked="" type="checkbox"/> INJECTOR	WELL API NO.
2. Name of Operator ALTURA ENERGY LTD.	5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>F</u> <u>1520</u> Feet From The <u>NORTH</u> Line and <u>1470</u> Feet From The <u>WEST</u> Line Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County	7. Lease Name or Unit Agreement Name NORTH HOBBS UNIT
10. Elevation (Show whether DF, RKB, RT GR, etc.)	8. Well No. 33-222
9. Pool name or Wildcat GRAYBURG SAN ANDRES	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: <u>MIT</u> <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.	

PRESSURE TEST CSG TO 340# FOR 30 MIN. CHART WITNESSED BY THE NMOCD.

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

SIGNATURE Robert N Gilbert TITLE LIFT SPECIALIST DATE 5-4-98  
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY GARY WINK TITLE FIELD REP. II DATE MAY 20 1998