

DISTRICT I

1625 N. FRENCH DRIVE, HOBBS, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO <b>300252 700 100</b>
5. Indicate Type of Lease FED <input type="checkbox"/> 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
SECTION 30
8. Well No. 442
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	2. Name of Operator ALTURA ENERGY LTD.
3. Address of Operator 1017 W. STANOLIND RD.	4. Well Location Unit Letter <u>P</u> <u>1300</u> Feet From The <u>SOUTH</u> Line and <u>1050</u> Feet From The <u>EAST</u> Line Section <u>30</u> Township <u>18-S</u> RANGE <u>38-E</u> NMPM <u>1EA</u> County
10. Elevation (Show whether D/E, RKB, RT GR, etc.) <u>3656' KB</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PUTT OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS <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

TEST DATE 04/13/99

PRESSURE READING 320 PSI

LENGTH OF PRESSURE READING 15 MIN

TEST WITNESSED YES

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

SIGNATURE Robert M. Gilbert TITLE LIFT SPECIALIST DATE 04/16/99

TYPE OR PRINT NAME R N GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

ORIGINAL SIGNED BY GARY WINK TITLE FIELD REP. II DATE MAY 06 1999

APPROVED BY GARY WINK TITLE FIELD REP. II DATE MAY 06 1999

JCS