## State of New Mexico gy, Minerals and Natural Resources Departn.

DISTRICT I

## OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, N.	M 88240			Old Santa Fe Trail, Room 206						
		31	Santa Fe, 1			)	WELL APIN		787	- O
			Santa I C,	NCW MEXIC	.0 67303			025-	<u> </u>	<u>DJ_</u>
							5. Indicate T FED	<del>_</del>		_
								STATE Gas Lease No.	1 1	FEE
							o. state on o	Coas Lease No.		
SI	UNDRY NO	TICES AND REP	ORTS ON	WELLS						
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A							7 Lease Nan	og or Unit A area		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101 FOR SUCH PROPOSALS.)							7. Lease Name or Unit Agreement Name			
1. Type of Well:	(FORM	C-101 FOR SUCH PI	ROPOSALS.)				SOUTH HO	BBS UNIT	CO-OP	
Oil V	Nell 🗍	Gas Well	Other	INJECTO	D					
2. Name of Operator	<del></del>			nore ro			8. Well No.			
ALTURA ENER	GY LTD.						o. Well NO.	6		
3. Address of Operator 1710 WEST STANOLI	ND PD UOD	DC NM 90240		5051000			9. Pool name	or Wildcat		
4. Well Location	MD KD, HOB	DO, NIVI 88240	<del></del>	505/397-	8200		GRAYBURG	G SAN AND	RES	
Ti bit in the										
Unit Letter E		Feet From The	NORTH	_ Line and	_535	Feet	From The	WEST	Line	
Section	34	Township	18-S		D				•	
		10. Elevation (She		F. RKB. RT C	Range	38-E	NMI	PM VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	LEA	County
					, ,					
11.	Check	k Appropriate Box	to Indicate	e Nature of	Notice, Re	eport, or	Other Data			
NOT	ICE OF INTI	ENTION TO:		1				EPORT OF:		
PERFORM REMEDIAL		PLUG AND		REMED	IAL WORK		`	ALTERING	CASING	<del></del>
WORK		ABANDON						ALTERING	CASING	
TEMPORARILY ABANDO	DN	CHANGE PLANS		СОММЕ	NCE DRILL	ING OPN	is.	PLUG & AI	RANTYONA	AENT [
PULL OR ALTER CASING CASING TEST AND CEMEI						CEMEN		i ized a m	JAM JOHN	IENI
OTHER:				OTHER:		C ISMISIT.	. , , , ,			<del></del>
12. Describe Proposed or Co	umpleted Operat	iona (Clauda de U								<u> </u>
12. Describe Proposed or Co work) SEE RULE 1103.	энцистей сэреган	ions (C <i>tearty state all</i> <sub>l</sub>	pertinent deta	uls, and give p	pertinent date	es, includi	ng estimated da	te of starting an	y proposed	
DDITECTION TRUET (100)	(1)									
PRESSURE TEST CSG	TO 360# FOR	C30 MIN. CHAR	T WITNESS	SED BY TH	IE NMOCD	).				
										•
I hereby certify that the infor-	mation above is	true and complete to th	e best of my	knowledge ar	nd belief.					
SIGNATURE	H W.	<i>.</i> †							_	
/ <u></u>	77 WW		<del></del>	TITLE	_LIFT SPE	ECIALIS	Ϊ	DATE	5-2-	98
TYPE OR PRINT NAME	R.N. GILBER	T					TELI NO.	EPHONE	505/397-	8206
(This space for State Use)	OFFINAL.	PORTET DO						MAV	201	OOR.
APPROVED BY		AABAX CAREE E	TITLE					MAY	& U	JJU
<del></del>		5. 7	111111					PATE		

