

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO. 3D-025-28333		
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>		
6. State Oil & Gas Lease No.		
7. Lease Name or Unit Agreement Name SOUTH HOBBS UNIT		
8. Well No. 129		
9. Pool name or Wildcat GRAYBURG SAN ANDRES		

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 INJECTOR	
2. Name of Operator ALTURA ENERGY LTD.	
3. Address of Operator 1710 WEST STANOLIND RD. HOBBS, NM 88240 505/397-8200	
4. Well Location	

Unit Letter M	100	Feet From The SOUTH	Line and 900	Feet From The WEST	Line
Section 34		Township 18-S	Range 38-E	NMPM	LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)	
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: MIT	<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 330# 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 R. Gilbert TITLE LIFT SPECIALIST DATE 5-7-98

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

