

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-28411

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 ☐ GAS WELL ☐ OTHER Water Injection

2. Name of Operator
Altura Energy LTD

3. Address of Operator
P.O. Box 4294, Houston, TX 77210-4294

4. Well Location
Unit Letter M : 1250 Feet From The South Line and 185 Feet From The West Line

Section 33 Township 18-S Range 38-E NMMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3635' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Conversion to water injection ☒

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.

10/12/98 - 10/15/98 Convert well to injection as described below:

MI x RUSU. Pull production equipment. Kill well x NU BOP. RU Halliburton x spot 3
bbls 15% acid across existing perforated interval @ 4067' - 4236'. RU wireline x perf
4100' - 4104', 4114' - 4118', 4152' - 4168', 4172' - 4180', & 4184' - 4198', 4 JSPF.
RD wireline. RIH w/packer & 2-7/8" duo-line tubing and set pkr. @ 3981'. Circulate pkr.
fluid x pressure test. ND BOP x NU wellhead. RD x MO.
Put well on injection.

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 12/31/98
(281)
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. 552-1158

(This space for State Use) ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE 10/15/98
CONDITIONS OF APPROVAL, IF ANY:

ICS

ind