

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. <b>30-D25-28411</b>
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 <b>NORTH HOBBS UNIT</b> <b>GB/SA</b>
8. Well No. <b>142</b>
9. Pool name or Wildcat <b>HOBBS GB/SA</b>

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <b>ALTURA ENERGY LTD.</b>	
3. Address of Operator <b>1710 WEST STANOLIND RD, HOBBS, NM 88240</b> <b>505/397-8200</b>	
4. Well Location Unit Letter <b>M</b> <b>1250</b> Feet From The <b>SOUTH</b> Line and <b>185</b> Feet From The <b>WEST</b> Line Section <b>33</b> Township <b>18-S</b> Range <b>38-E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) <b>3647' KB</b>	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>CONVERT TO INJECTION</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: 10/15/98

**PKR at 3980' per RG**

Pressure reading: Initial 620 psi; 15 min. - 620 psi; 30 min. - 620 psi.

Length of time pressure held: 30 min.

Test Witnessed: No

**Pmx-195**  
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 **12 09 98**  
TYPE OR PRINT NAME **R.N. GILBERT** TELEPHONE NO. **505/397-8206**

(This space for State Use)  
APPROVED BY **ORIGINAL SIGNED BY** TITLE **CARD WORK** DATE **DEC 24 1998**  
**FIELD REP. II**

**JCSA**