

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

FILE IN TRIPLICATE

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

811 S. 1st Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.

30-025-28411

5. Indicate Type of Lease

FED ☐

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

NORTH HOBBS (G/SA) UNIT

8. Well No. 142

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 ☒

Gas Well ☐

Other ☐

2. Name of Operator

ALTURA ENERGY LTD.

3. Address of Operator

1017 W. Stanolind Rd., HOBBS, NM 88240

505/397-8200

4. Well Location

Unit Letter M

: 1250

Feet From The

SOUTH

Line and

185

Feet From The

WEST

Line

Section 33

Township

18S

Range

38E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RTGR, 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: CONVERT TO INJECTION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

PER ADMINISTRATION ORDER PMX-195
DIVISION ORDER R-6199

1. PULL PRODUCTION EQUIPMENT
2. SQUEEZE PERFORATIONS 4067-78.
3. STIMULATE WITH ACID.
4. RUN INJECTION EQUIP. AND SET PACKER AT $\pm 4030'$
5. PUMP PACKER FLUID IN TUBING/CASING ANNULAS AND PRESSURE TEST.

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

SIGNATURE

TYPE OR PRINT NAME D. NELSON

TITLE PROD ENGR

DATE 9/21/98

TELEPHONE NO. 505/397-8200

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

