

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II

811 S. 1st Street, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	
30-025-28954	
5. Indicate type of lease	
FED <input type="checkbox"/>	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
NORTH HOBBS (G/SA) UNIT	
8. Well No. 332	
9. Pool name or Wildcat HOBBS (G/SA)	
10. Elevation (Show whether OF, RKB, RT GR, etc.)	
3650 GL	

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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
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 J : 2457 Feet From The SOUTH Line and 1598 Feet From The EAST Line	
Section 30 Township 18S Range 38E NMPM LEA County	
10. Elevation (Show whether OF, RKB, RT GR, etc.)	
3650 GL	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: Convert to Water Injection <input checked="" type="checkbox"/>	
SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input 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.

1. Pull production equipment.
2. Perforate lower San Andres and stimulate.
3. Run injection equipment.
4. Test packer and wait to inject.

Will not commence injection until permit is approved by NMOCDD.

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

SIGNATURE D. Nelson TITLE PROD ENGR DATE 12/22/99  
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505 397-8200

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY: