Energ Minerals and Matural Resources Department

Energ Minerals and Matural Reson

(This space for State Use)
ORIGINAL OFF TO BY CHRIS WILLIAMS
APPROVED BY
DISTRICT SUPERVISOR TITLE

DISTRICT I

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 882	40		Fe Trail, R		1 1	WELL API NO. 30 - 025 - 28969				
		Santa Fe, New Mexico 87503					5. Indicate Type of Lease			
							FED STATE X FEE			
						6. 5		Gas Lease No.	A PEE	
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"							.ease Name	or Unit Agreem	ent Name	
(FORM C-101 FOR SUCH PROPOSALS.)							UTH HOB	BS-JJNIT (Soot	
1. Type of Well:							_	(0)	001	
Oil Well Gas Well Other INJECTOR 2. Name of Operator							Vell No.	SYSPL_		
ALTURA ENERGY LTD.								10		
3. Address of Operator								Wildcat		
1017 W. STANOLIND RD, HOBBS, NM 88240 505/397-8200							GRAYBURG SAN ANDRES			
4. Well Location										
Unit Letter K :	2564	Feet From The	SOUTH	Line and	1607	_ Feet Fron	The _	WEST	Line	
Section 34		Township	18 S		Range	38 E	NMPN	А	LEA Coun	ıty
		10. Elevation (Sho	w whether DF	RKB. RT GR	, etc.)					
<u> 11.</u>	Check	Appropriate Box	to Indicate	Nature of	Notice Re	port or Ot	ner Data			
NOTICE		NTION TO:						PORT OF:		
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDI	AL WORK	-		ALTERING (CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMME	NCE DRILLI	ING OPNS.	\equiv	PLUG & AB	ANDONMENT	,
PULL OR ALTER CASING	\Box			CASING	TEST AND O	CEMENT 10:	в 🗀			
OTHER:				OTHER:				UE TO MIT		X
12 Describe Proposed or Comple	ted Operati	one (Clearly state all	Dartinant datai	1						
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.										
PREVIOUS INJECTION PR	ESSURE =	= 940# - STATE	I.IMIT – 820	CURREN'	r injectio	ON PRESSU	JRE = 780	#		
									•	
\wedge										
I hereby certify that the information	n above is	true and complete to	the best of my	knowledge an	d belief.	····				
SIGNATURE SIGNATURE	anis	ton		TITLE	СОМР. Т	TECH		DATE	5/19 /9 8	
TYPE OR PRINT NAME P. A. CAPERTON					COMIT. I	<u>.c.ii</u>	TELE	EPHONE		<u> </u>
1,7	.4~, H LIV						LELE	AHONE	505/393-020	ry

NO.

DATE

MAY 25 1958