

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT 1

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. <u>30-025-28971</u>
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 SOUTH HOBBS (G/SA) UNIT
8. Well No. COOP 12
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR	
2. Name of Operator ALTRA ENERGY LTD	
3. Address of Operator 1017 W STANOLIND RD	
4. Well Location Unit Letter <u>N</u> <u>636</u> Feet From The <u>SOUTH</u> Line and <u>2348</u> Feet From The <u>WEST</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>33-E</u> NMPM LEA County	
10. Elevation (Show whether D.F., RKB, RTGR, etc.) 3610' GL	

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"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER <input type="checkbox"/> MIT <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 04/19/2000

PRESSURE READING INITIAL 360 PSI, 15 MIN 360 PSI, 30 MIN - 360 PSI

LENGTH OF PRESSURE READING FIELD 30 MIN

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

SIGNATURE R N Gilbert TITLE LIFT SPECIALIST DATE 04.24.2000
TYPE OR PRINT NAME R N GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 24 2000

