

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. 30-025-29073

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. 432

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  
ALURA ENERGY LTD.

3. Address of Operator  
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200

4. Well Location  
Unit Letter I : 2480 Feet From The SOUTH Line and 1280 Feet From The EAST Line  
Section 24 Township 18S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3666 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Convert to Water Injection <input checked="" 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. Remove CIBP's at 4015.
2. Squeeze perforations at 4069-97.
3. Add perfs to San Andres zone 3.
4. Acid stimulate.
5. Run injection equipment
6. Notify NMOCD of packer test.

Will not commence injection until permit is approved by NMOCD.

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 11/22/99  
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE 29 1999

CONDITIONS OF APPROVAL IF ANY: