

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.	30-025-29196
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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"/> Temporary Abandoned <input type="checkbox"/>	7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT
2. Name of Operator ALTURA ENERGY LTD.	8. Well No. 422
3. Address of Operator 1017 W STANOLIND RD.	9. Pool name or Wildcat HOBBS (G/SA)
4. Well Location Unit Letter <u>H</u> <u>2495</u> Feet From The <u>NORTH</u> Line and <u>119</u> Feet From The <u>EAST</u> Line Section <u>19</u> Township <u>18-S</u> <u>38-E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RTGR, etc.) 3653' 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: <input type="checkbox"/>		OTHER: CASING PRESSURE TEST <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 05/08/00

Pressure Reading Initial 540 psi, 15 min - 540, 30 min - 540 psi.

Length of pressure test 30 minutes

DATE Approval of Temporary  
Abandonment Expires 6/27/2005

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

SIGNATURE <u>Robert N. Gilbert</u>	TITLE <u>LIFT SPECIALIST</u>	DATE <u>06/01/00</u>
TYPE OR PRINT NAME <u>R.N. GILBERT</u>	TELEPHONE NO. <u>505/397-8206</u>	

(This space for State Use)

APPROVED BY _____	TITLE _____	DATE _____
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JCG

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