

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-30486

5. Indicate Type of Lease
FED ☐ STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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"/>	7. Lease Name or Unit Agreement Name SOUTH HOBBS UNIT GB/SA
2. Name of Operator ALTURA ENERGY LTD.	8. Well No. 223
3. Address of Operator 1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200	9. Pool name or Wildcat Hobbs GRAYBURG SAN ANDRES
4. Well Location Unit Letter N 1791 Feet From The WEST Line and 1257 Feet From The SOUTH Line Section 34 Township 18-S Range 38-E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.)	

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"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: TEMPORARY ABANDONMENT <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.

REMOVED PRODUCTION EQUIPMENT

SET CIBP @4050'.

CIRC CSG W/INHIBITED FLUID.

TEST CSG TO 680# FOR 30 MIN AND CHART FOR THE NMOC.

5/8/98

This Approval of Temporary
Abandonment Expires 6/11/2003

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

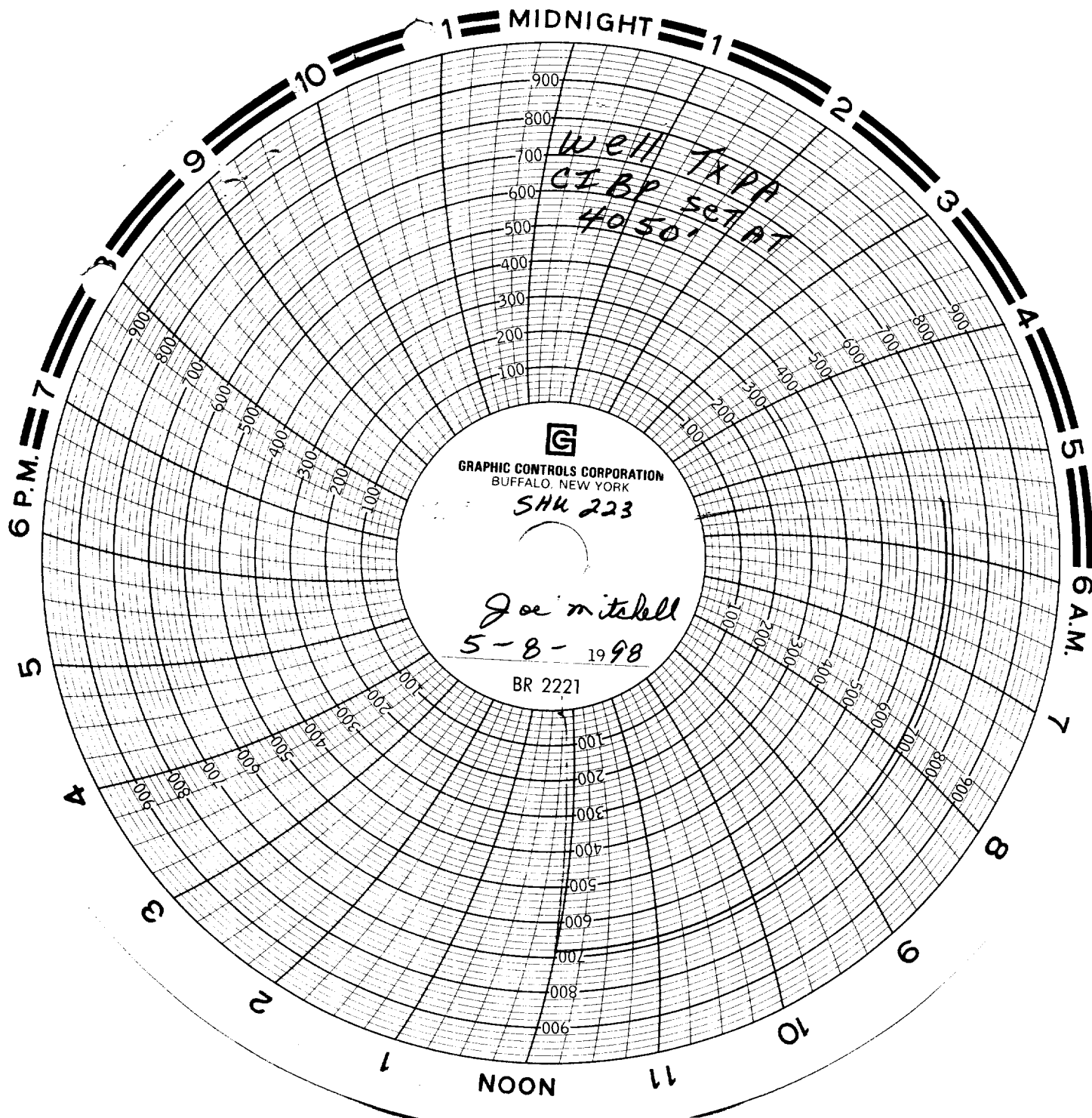
SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 5-28-98
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY WILLIAM TITLE DISTRICT SUPERVISOR DATE 6/11/98

JCGN

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