State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	JIL CONSERV	ATION DIVISION		
7625.N. French Drive , Hobbs, NM 88240	310 Old Santa Fe Trail, Room 206		WELL API NO. 073	
		w Mexico 87503	30-025-34373	
			5. Indicate Type of Lease	_
			FED STATE X FEE	
			6. State Oil & Gas Lease No.	
SUNDRY NOT	ICES AND REPORTS ON W	ELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
	RVOIR. USE "APPLICATION FOR F C-101 FOR SUCH PROPOSALS.)	ERMIT"	NORTH HOBBS (G/SA) UNIT	
1. Type of Well:	C-101 FOR SOCH PROPOSALS.)		SECTION 33	
Oil Well X	Gas Well Other		SECTION 33	
2. Name of Operator ALTURA	ENERGY LTD.	Pa : 12 d	8. Well No. 534	_
3. Address of Operator 1017 W S	TANOLIND RD.	Permien Ltd	9. Pool name or Wildcar	
			HOBBS (G/SA)	
4. Well Location				
Unit Letter J : 2415	Feet From The SOLITE	**	_	
Unit Letter] : 2415	Feet From The SOUTH	Line and 2200 Fee	From The EAST Line	
Section 33	Township 18-S	Range 38-I	E NMPM LEA County	
	10. Elevation (Show whether DF, 3637' GL	RKB, RT GR, etc.)		
11. Check	Appropriate Box to Indicate	Nature of Notice, Report,	or Other Data	
NOTICE OF INTE	ENTION TO:		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	_
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	NS. PLUG & ABANDONMENT	=
PULL OR ALTER CASING		CASING TEST AND CEMEN		
OTHER:		OTHER: CONVERT TO	INJECTION	x
12. Describe Proposed or Completed Operatio work) SEE RULE 1103.	ons (Clearly state all pertinent details,	and give pertinent dates, includi		=
Pull production equipment.				
See Cuit and E E !!!!	2005			
Set Guiberson 5.5" Uni VI packer @ 3 Test csg for 30 min and chart for the NI	1995'. MOCD			
Circ csg with inhibited fluid.	MOCD.			
Test Date 01/26/2000				
Initial reading 565 PSI, 15 min – 575	PSI. 30 min – 585 PSI.			
Well has been converted to injection and shut in waiting on injection permits.			RIG UP - 01/21/2000	
			RIG DOWN - 01/26/2000	
			.n	
			PMX-205	
I hereby certify that the information above is tr	rue and complete to the best of my know	wledge and belief.		
SIGNATURE Kobert M. 4	Lellrut	TITLE LIFT SPECIAL	IST DATE 03/21/2000	
TYPE OR PRINT NAME R.N. GILBER	RT			_
(This space for State Use)			TELEPHONE NO. 505/397-8206	=
APPROVED BY	TITLE		DATE IAN 1120M	
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