

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980  
**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210  
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-34643</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>NORTH HOEBS G/SA UNIT</b>
8. Well No. <b>521</b>
9. Pool name or Wildcat <b>HOEBS; GRAYBURG - SAN ANDRES</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3646' GL</b>

**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	2. Name of Operator <b>Altura Energy LTD</b>
3. Address of Operator <b>P.O. Box 4294, Houston, TX 77210-4294</b>	4. Well Location Unit Letter <b>C</b> : <b>990</b> Feet From The <b>NORTH</b> Line and <b>1500</b> Feet From The <b>WEST</b> Line Section <b>33</b> Township <b>18-S</b> Range <b>38-E</b> NMPM County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3646' GL</b>	

11.

**Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: **COMPLETE WELL** ☒

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.

**SEE ATTACHED FOR DESCRIPTION OF OPERATIONS.**

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

SIGNATURE Mark Stephens TITLE BUSINESS ANALYST (SG) DATE 10/5/99  
TYPE OR PRINT NAME MARK STEPHENS TELEPHONE NO. 281-552-1158

(This space for State Use)

ORIGINAL SIGNED BY  
GARY WINK  
FIELD REP. II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 14 1999

CONDITIONS OF APPROVAL, IF ANY: