

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.

**30-025-34644**

5. Indicate Type of Lease

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 ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

**Altura Energy LTD**

3. Address of Operator

**P.O. Box 4294, Houston, TX 77210-4294**

7. Lease Name or Unit Agreement Name

**NORTH HOBBS G/SA UNIT**

8. Well No.

**544**

9. Pool name or Wildcat

**HOBBS; GRAYBURG - SAN ANDRES**

4. Well Location

Unit Letter **P** : **925** Feet From The **SOUTH** Line and **1050** Feet From The **EAST** Line

Section **29** Township **18-S** Range **38-E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

**3646' GL**

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: **SPUD & RUN SURFACE CASING** ☒

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.

7/17/99: MI x RU. Spud well at 24:00 hrs. (NMOCD notified)

7/19/99: Run 38 jts. 8-5/8", 24#, J-55, ST&C casing with 11 centralizers and set at 1565'. Cement with 500 sx. PBCZ (lead) and 225 sx. PBCZ tail. Plug down x circulate 74 sx. to surface. WOC. Cut off casing x weld on wellhead. Nipple up BOP x test.

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 **7/26/99**

TYPE OR PRINT NAME **MARK STEPHENS**

TELEPHONE NO. **281-552-1158**

(This space for State Use)

**ORIGINAL SIGNED BY**

**GARY WINK**

APPROVED BY **FIELD REP. #**

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: