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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. 2040 Pacheco St. P.O. Box 1980, Hobbs NM 88241-1980 30-025-34869 Santa Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 FEE  $\square$ STATE X DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) North Hobbs G/SA Unit 1. Type of Well: OIL X GAS WELL 8. Well No. 2. Name of Operator Altura Energy LID 9. Pool name or Wildcat 3. Address of Operator Hobbs; Grayburg - San Andres P.O. Box 4294, Houston, TX 77210-4294 4. Well Location South Feet From The **1837** Feet From The \_\_ \_\_ Line and \_\_\_\_\_ Unit Letter County 18-S 38-E **NMPM** Lea Township Range Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3645' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Soud & Run Surface Casing OTHER: \_ 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. 3/4/00: MI x RU. Spud 12-1/4" hole @ 10:30 a.m. (NMOCD notified). 3/6/00 -3/7/00: Rum 38 jts. 8-5/8", 24#, J-55, ST&C casing with 11 centralizers and set @ 1560'. Cement with 525 sx. PBCZ Cl. C (lead) and 225 sx. PBCZ Cl. C tail. Plug down and circulate 260 sx. to surface. WOC. Cut off casing. Dig 21' of cement (from conductor pipe) out of cellar. Weld on head and nipple up BOP. I hereby certify that the information above is true and complete to the best of my knowledge and belief. \_\_\_\_\_ TITLE \_\_\_\_ Business Analyst (SG) 03/08/2000 \_\_ DATE \_\_ TELEPHONE NO. TYPE OR PRINT NAME Mark Stephens (This space for State Use) DATE TITLE

APPROVED BY\_

CONDITIONS OF APPROVAL, IF ANY: