Submit 3 Copies State of New Mexico Form C-103 to Appropriate Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. DISTRICT II 30-025-34870 Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE 🗶 FEE 🗌 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 OTHER 2. Name of Operator 8. Well No. Altura Energy L/ID 624 3. Address of Operator 9. Pool name or Wildcat P.O. Box 4294, Houston, TX 77210-4294 Hobbs; Grayburg - San Andres 4. Well Location **1150** Feet From The __ South 1948 Unit Letter Line and _ Feet From The Line Township 18-S 38-E Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3644' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: _ OTHER: ___Run_5-1/2" Casing 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEÉ RULE 1103. 3/23/00 -3/24/00: Rum 103 jts. 5-1/2", 15.5#, J-55, LT&C casing with 10 centralizers and set at 4410'. Cement with 800 sx. Cl. C lead and 100 sx. Cl. C tail, with 53,000 SCF nitrogen. Plug down and circulate 150 sx. to surface. Cap with 100 sx. Cl. C and top with 6 bbls. water. WOC 2 hrs. Set slips, cut off casing, and ND BOP. Install x test wellhead

	, - -			
Release drilling rig at 10:3	30 a.m., 3/24/00.			:
I hereby certify that the information above is true and complete to the bes	st of my knowledge and belief.			
SIGNATURE Mank Stephens		ess Analyst (SG)	DATE	03/27/2000
TYPE OR PRINT NAME Mark Stephens			TELEPHONE NO.	281/552-1158
(This space for State Use)				W D H
APPROVED BY	TITLE		DATE	APR
CONDITIONS OF APPROVAL, IF ANY:				

