

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.

30-025-34870

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.

624

9. Pool name or Wildcat

Hobbs; Grayburg - San Andres

4. Well Location

Unit Letter **N** : **1150** Feet From The **South** Line and **1948** Feet From The **West** Line

Section **29** Township **18-S** Range **38-E** NMPM **Lea** 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:

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.

3/17/00: MI x RU. Spud 12-1/4" hole @ 3:30 a.m. (NMOCD notified).

3/18/00 -

3/19/00: Run 40 jts. 8-5/8", 24#, J-55, ST&C casing with 11 centralizers and set at 1553'. Cement with 500 sx. PBCZ (lead) and 225 sx. PBCZ tail. Plug down and circulate 182 sx. to surface. WOC. Cut off casing. Weld on wellhead x nipple up BOP.

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 03/20/2000

TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. 281/552-1158

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: