to Appropriate

State of New Mexico Submit 3 Copies Form C-103 Energy, Junerals and Natural Resources Department Revised 1-1-89 District Office **OIL CONSERVATION DIVISION** DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. DISTRICT II 30-025-34906 Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE 🗌 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) North Hobbs G/SA Unit 1. Type of Well: OIL X GAS WELL OTHER 2. Name of Operator 8. Well No. Altura Energy LTD 3. Address of Operator 9. Pool name or Wildcat P.O. Box 4294, Houston, TX 77210-4294 Hobbs: Grayburg - San Andres 4. Well Location Unit Letter. 1310 Feet From The North Line and _ Feet From The Line Township 18-s Range 38-E County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3643' 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 $|\mathbf{x}|$ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEÊ RULE 1103. 4/23/00: Rum 105 jts. 5-1/2", 15.5#, J-55, LT&C casing with 10 centralizers and set at 4400'. Cement with 800 sx. Premium Plus Neat (lead) w/60,000 SCF nitrogen and 100 sx. Premium Plus tail. Plug down and circulate 140 sx. to pit. Cap with 100 sx. Premium Plus and displace with 5 bbls. water. WOC. Set slips, cut off casing, nipple down, and install x test wellhead. Release drilling rig at 20:00 hours, 4/23/00.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Mark Stephers SIGNATURE _ TITLE Business Analyst (SG) 04/25/2000 TYPE OR PRINT NAME TELEPHONE NO. 281/552-1158 (This space for State Use) APPROVED BY_ CONDITIONS OF APPROVAL, IF ANY: