| Submit 3 Copies<br>to Appropriate<br>District Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | State of New Mexico<br>erals and Natural Resources Department |                                                                                                    |   |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---|--|--|--|
| DISTRICT I<br>P.O. Box 1980, Hobbs NM 88241-1980<br>DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210<br>DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OIL CONSERVATIO<br>2040 Pacheco<br>Santa Fe, NM 8 | St.                                                           | WELL API NO.<br><b>30–025–34</b><br>5. Indicate Type of Lease<br>ST.<br>6. State Oil & Gas Lease N |   |  |  |  |
| SUNDRY NOT<br>(DO NOT USE THIS FORM FOR PRI<br>DIFFERENT RESE<br>(FORM C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7. Lease Name or Unit Agr<br>North Hobbs          |                                                               |                                                                                                    |   |  |  |  |
| OIL<br>WELL X GAS<br>WELL 2. Name of Operator<br>Altura Energy L/TD<br>3. Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8. Well No.<br>513<br>9. Pool name or Wildcat     |                                                               |                                                                                                    |   |  |  |  |
| P.O. Box 4294, Houston, TX 77210-4294   Hobbs; Grayburg - San Andres     4. Well Location   Unit Letter L: 1659   Feet From The South Line and 918   Feet From The West Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                               |                                                                                                    |   |  |  |  |
| Section     33     Township     18-S     Range     38-E     NMPM     Lea     County       10.     Elevation     (Show whether DF, RKB, RT, GR, etc.)     3637' GL     3637' G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                               |                                                                                                    |   |  |  |  |
| 11. Check Ag<br>NOTICE OF IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Report, or Other D<br>SEQUENT REPO                |                                                               |                                                                                                    |   |  |  |  |
| PERFORM REMEDIAL WORK Image: Constraint of the second se | PLUG AND ABANDON                                  | REMEDIAL WORK                                                 |                                                                                                    |   |  |  |  |
| PULL OR ALTER CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | CASING TEST AND CE                                            |                                                                                                    |   |  |  |  |
| OTHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | OTHER:Run 5-1                                                 | /2" Casing                                                                                         | X |  |  |  |

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.

5/3/00: Run 99 jts. 5-1/2", 15.5#, J-55, LT&C casing with 15 centralizers and set at 4373'. Cement with 800 sx. Premium Plus Neat (lead) w/50,820 SCF nitrogen and 100 sx. Premium Plus tail. Plug down and circulate 120 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 @ 12:00 a.m., 5/4/00.

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| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |               |          |          |                                           |               |              |  |  |
|----------------------------------------------------------------------------------------------------------|---------------|----------|----------|-------------------------------------------|---------------|--------------|--|--|
| SIGNATURE                                                                                                | Mark Stephen  | <u> </u> | - TITLE  | Business Analyst (SG)                     | DATE          | 05/05/2000   |  |  |
| TYPE OR PRINT NAME                                                                                       | Mark Stephens |          |          |                                           | TELEPHONE NO. | 281/552-1158 |  |  |
| (This space for State Use)                                                                               |               | ζ.,.     |          | 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |               |              |  |  |
| APPROVED BY                                                                                              | <u></u>       |          | _ πrle _ |                                           | DATE          |              |  |  |
| CONDITIONS OF APPROVA                                                                                    | L, IF ANY:    |          |          |                                           |               |              |  |  |