

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-34993

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs G/SA Unit

8. Well No.

524

9. Pool name or Wildcat

Hobbs; Grayburg - San Andres

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

4. Well Location

Unit Letter N : 1082 Feet From The South Line and 1673 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.)
3633' 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.

5/5/00: MI x RU. Spud 12-1/4" hole @ 12:00 a.m. (NMOC notified)

5/6/00 -

5/7/00: Run 38 jts. 8-5/8", 24#, J-55, ST&C casing with 10 centralizers and set at 1568'. Cement with 525 sx. PBCZ (lead) and 225 sx. PBCZ tail. Plug down x circulate 100 sx. to pit. WOC. Cut off casing x weld on wellhead. NU BOP x test casing to 1500 psi for 30 minutes.

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 05/09/2000

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

(This space for State Use)

APPROVED BY _____ TITLE DISTRICT SUPERVISOR DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR