

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-33979
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name HOOVER 28	
8. Well No.	4
9. Pool name or Wildcat	VACUUM - DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3939	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator ALTURA ENERGY LTD.
3. Address of Operator WCK5236, P O BOX 4294, HOUSTON TX 77210-4294	4. Well Location Unit Letter I : 1650 Feet From The SOUTH Line and 330 Feet From The EAST Line Section 28 Township 17S Range 35E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3939	

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: ☐

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.

06-29-97 SPUD.

06-30-97 run 8-5/8" csg, set at 1567'. pump 900 SX 35% POZ X 65% CLASS A BJ LITE X 4% GEL X 2% CACL2 X 1/4 LB CELLO FLAKE X FOLLOW X 200 SX 50% POZ X 50% CLASS A X 2% CACL2. CIRC 341 SX TO PIT X SI 4 HRS & CUTOFF CSG. TEST CSG TO 1000 PSI; BPO STACK TO 3000 PSI; ANNULAR TO 1500 PSI. ALL OK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE CONTRACT LANDMAN DATE 07-14-97
TYPE OR PRINT NAME JEFF A DETHROW CPI TELEPHONE NO. 281-544-3226

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: