

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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.	30-025-34038
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 27	
8. Well No.	3
9. Pool name or Wildcat	East Vac. Drink./East Vac. Blin.
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3952.7 KB	

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 <input type="checkbox"/>	2. Name of Operator Altura Energy LTD	3. Address of Operator P.O. Box 4294, Houston, Texas 77210-4294	4. Well Location Unit Letter <u>F</u> : <u>2091</u> Feet From The <u>North</u> Line and <u>1902</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>17-S</u> Range <u>35-E</u> NMPM <u>Lea</u> County <u></u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3952.7 KB			

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.

8/17/97 Notify NMOC prior to spudding

Spud at 18:00 hours

8/18/97 Run 8-5/8", 32#, J-55, ST&C. Casing set at 1560'. Cement with 800 sx. lead x 250 sx. tail. Circulate 303 sx. to pit. WOC.

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 9/8/97
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. (281) 552-1158

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: