Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. WELL API NO. DISTRICT II Santa Fe, NM 87505 30-025-07585 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III STATE [FEE X 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.) SOUTH HOBBS (GB/SA) UNIT 1. Type of Well: GAS WELL WELL X OTHER 2. Name of Operator 8. Well No. ALTURA ENERGY LTD. 24 3. Address of Operator P.O. BOX 4294 HOUSTON, TEXAS 77210-4294 9. Pool name or Wildcat GRAYBURG-SAN ANDRES 4. Well Location Unit Letter Feet From The NORTH 1293 Line and Feet From The EAST Line Township 19-SOUTH Range 38-EAST **NMPM** LEA, NM 10. Elevation (Show whether DF, RKB, RT, GR, etc.) County 3605' GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK X 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: _ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 1) RIH W/2-3/8" W/S, TAG CIBP @ 4075". 2) CIRC HOLE W/9.5# 32 VIS MLB. CAP CIBP @ 4075' W/25 SXS CLASS "C" NEAT CMT. 3) 4) PUH W/TBG. SPOT 25 SXS CMT @ 2815'-2715'. 5) PUH W/TBG. SPOT 25 SXS CMT @ 1815'-1715'. 6) PUH W/TBG, SPOT 25 SXS CMT @ 250 -SURFACE. 7) TOP OFF WELL W/CMT. 8) CUT OFF WELL HEAD, INSTALL DRY HOLE MARKER. "NOTIFY OCD 24 HRS PRIOR TO RIGGING UP" I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE P&A SUPERVISOR 10/18/97 TYPE OR PRINT NAME ROGER MASSEY TELEPHONE NO. (This space for State Use) OFIGN THE PLANNING WILLIAMS

TITLE

DISTILL I COLLAVIGOR

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: