

DISTRICT 1

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

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.)		WELL API NO. 30-025-07587
		5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
1. Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		6. State Oil & Gas Lease No.
2. Name of Operator ALTURA ENERGY LTD		7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
3. Address of Operator 1017 W STANOLIND RD		8. Well No. 22
4. Well Location Unit Letter C 660 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 3 Township 19-S Range 38-E NMPM LEA County		9. Pool name or Wildcat HOBBS (G/SA)
10. Elevation (Show whether TO RKB, RTGR, etc.) 3615' GL		

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	MIT <input checked="" type="checkbox"/>

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

TEST DATE 04/19/2000

PRESSURE READING INITIAL 350 PSI, 15 MIN 345 PSI, 30 MIN 340 PSI

LENGTH OF PRESSURE READING FIELD 30 MIN

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

SIGNATURE R. N. Gilbert TITLE LIFT SPECIALIST DATE 04 24 2000
TYPE OR PRINT NAME R N GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE APR 26 2000

JCS

