

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-07588

5. Indicate Type of Lease

FED ☐ STATE ☐ FEE ☒

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"  
(FORM C-101 FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☐ Gas Well ☐ Other **INJECTOR**

2. Name of Operator ALTURA ENERGY LTD.

3. Address of Operator 1017 W STANOLIND RD.

7. Lease Name or Unit Agreement Name  
SOUTH HOBBS (G/SA) UNIT

8. Well No. 36

9. Pool name or Wildcat  
HOBBS (G/SA)

4. Well Location

Unit Letter **F** : **1980** Feet From The **NORTH** Line and **1980** Feet From The **WEST** Line  
Section **3** Township **19-S** Range **38-E** NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)  
3617' 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 & ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: **FAILED MIT** ☒

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.

RUPU. PULL INJECTION EQUIPMENT.

REPAIR TBG LEAK AND REPLACE INJECTION PACKER.

TEST DATE: 05/25/2001

PRESSURE READING: INITIAL 560 PSI; 15 MIN - 560 PSI; 30 MIN - 560 PSI.

LENGTH OF PRESSURE READING HELD: 30 MIN.

Well returned to injection 05/25/2001

Rig Up Date : 05/21/01  
Rig Down Date: 05/24/01

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

SIGNATURE

*Robert Gilbert*

TITLE SR. ENGR. TECH

DATE 06/11/2001

TYPE OR PRINT NAME R.N. GILBERT

TELEPHONE 505/397-8206  
NO.

(This space for State Use)

APPROVED BY

TITLE

DATE 06 13 2001

CONDITIONS OF APPROVAL IF ANY:

ICS



