

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 88240

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-12501

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 ☐

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. 49

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

4. Well Location

Unit Letter I : 1980 Feet From The SOUTH Line and 1293 Feet From The EAST Line
Section 3 Township 19S 38E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT GR, etc.)
3615' DF

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: ☐

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.

NOTIFY THE NMOCD (24 hrs) BEFORE RIG UP. (393-6161)

SET 4.5" CIBP @4150'. *TOP OF 4.5" LINER @3678'.
CAP CIBP W/35' CMT. 25 sands
SPOT 25 SXS CMT FROM 2710' TO 2810'. BOTTOM OF SALT.
SPOT 25 SXS CMT FROM 1900' TO 2000'. TOP OF SALT.
PERFORATE 7" CSG @1850' CIRC CMT TO SURF. SPOT 50 SXS IN CSG.
**** IF CMT DOES NOT CIRC PERFORATE 7" @400' AND CIRC CMT TO SURF.
BOTTOM OF 10-3/4" SURF CSG @353'.
CAP CSG WITH 10 SXS CMT.

** INSTALL DRY HOLE MARKER. DUE TO LOCATION LOCATED IN TOWN, WELD PLATE WITH WELL INFORMATION TO TOP OF CASING AT LEAST 4' BELOW GROUND LEVEL.

RDPU CLEAN LOCATION

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

SIGNATURE _____ TITLE LIFT SPECIALIST DATE 06/29/99

TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)
ORIGINAL SIGNED BY
GARY WINK

APPROVED BY FIELD REP. II TITLE _____ DATE 7-2-99

