

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. 30-025-07593
1. Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator ALTURA ENERGY LTD.		6. State Oil & Gas Lease No.
3. Address of Operator 1017 W STANOLIND RD		7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
4. Well Location Unit Letter K 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 3 Township 19-S Range 38-E NMPM LEA County		8. Well No. 47
10. Elevation (Show whether D.E., RKB, RT GR, etc.) 3607' GL.		9. Pool name or Wildcat HOBBS (G/SA)

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	PLUG & ABANDONMENT <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 340 PSI, 15 MIN 340 PSI, 30 MIN - 340 PSI

LENGTH OF PRESSURE READING HELD 30 MIN

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

SIGNATURE Rafael 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

ORIGINAL SIGNED BY
GARY WICK TITLE
FIELD REP. II

DATE

