State of New Mexico Energy Minerals and Natural Resources Department

DISTRICT I

OIL CONTERVATION DIVISION

_		OILC	OI WELL A	ATTOM.	D1 1 1310	'IN .				
P.O. Box 1980, Hobbs, NM 88240		310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503					WELL API NO. 30 – 025 –07609			
							5. Indicate Type of Lease			
						l	FED	STATE	X FEE	7
						Ì	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							7. Lease Name	or Unit Agreen	ent Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 FOR SUCH PROPOSALS.)							SOUTH HOB	DC HNTT		
1. Type of Well:							300 III IIOD	DS UNII		
Oil Well Gas Well Other INJECTOR										
2. Name of Operator ALTURA ENERGY	I TD						8. Well No.	56		
3. Address of Operator							9. Pool name or Wildcat			
1017 W. STANOLIND RD. HOBBS, NM 88240 505/397-8200							GRAYBURG SAN ANDRES			
4. Well Location										
Unit Letter P:	Fe	et From The	SOUTH	Line and	660	Feet	From The	EAST	Line	
Section 4		Township	19 S		Range	38 E	NMP!	м	LEA Count	ty
	10	Elevation (Sha	ow whether DF. I	RKB, RT GR.	etc.)					
<i>1</i> 1.	Check Apr	propriate Box	to Indicate N	Nature of N	Notice, Repo	ort. or	Other Data			
NOTICE	OF INTENTI				-		EQUENT RE	EPORT OF:		
PERFORM REMEDIAL WORK	i I	'G AND ANDON		REMEDIA	L WORK			ALTERING (CASING	
TEMPORARILY ABANDON		ANGE PLANS		COMMEN	CE DRILLING	G OPN	is.	PLUG & AB	ANDONMENT	_
PULL OR ALTER CASING CASING TEST AND CEM							I JOB			-
OTHER:							RRECTION FI	ROM MIT		X
12. Describe Proposed or Comp	leted Operations (Clearly state all	nertinent details						proposad	
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.										
PREVIOUS INJECTION PRESSURE = 825# STATE LIMIT = 818# CURRENT INJECTION PRESSURE = 810#										
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I hereby certify that the informa	ion above is true a	nd complete to	the best of my kr	nowledge and	l belief.				 -	
(1)///	1001	To to an	,,,,							
SIGNATURE	- Classe	My		TITLE -	COMP. TE	CH.		DATE	5/19/98	
TYPE OR PRINT NAME P.	A. CAPERTON	I					TELI NO.	EPHONE	505/397-823	4
(This space for State Use)			=======================================	<u> </u>			.10.			-
		. February C. Feb	OF WILLIAM	3			_		2 6 1990	1
APPROVED BY	·	EK	7.00 FTITLE					DATE	(IJJ(• '