

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.
30-025-07618

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INSPECTOR	7. Lease Name or Unit Agreement Name S Hobbs GRAYBURG/SAN ANDRES lt
2. Name of Operator ALTURA ENERGY LTD.	8. Well No. 52
3. Address of Operator 1710 WEST STANOLIND RD. HOBBS, NM 88240	9. Pool name or Wildcat HOBBS GB/SA
4. Well Location Unit Letter P 330 Feet From The EAST Line and 330 Feet From The SOUTH Line Section 5 Township 19S Range 38E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3613' DF	

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: <u>TEMPORARY ABANDON</u> <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: 10/29/98

CIBP @ 3780' per RG

Pressure reading: Initial 740 psi; 15 min. - 720 psi; 30 min. - 720 psi.

Length of time pressure held: 30 min.

Test Witnessed: No

This Approval of Temporary Abandonment Expires 12/30/2003

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

SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 11.05.98
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use) APPROVED BY CHIEF OF FIELD OPERATIONS TITLE CHIEF OF FIELD OPERATIONS DATE 11.05.98

JCGN

dp

