

STRICT I
O. Box 1980, Hobbs, NM 88240

STRICT II
O. Drawer DD, Artesia, NM 88210

STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025- 07642
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Hobbs (GSA) Unit
8. Well No.	115
9. Pool name or Wildcat	Hobbs (GSA)

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.)

Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> WIW <input type="checkbox"/>	Name of Operator Altura Energy LTD
Address of Operator P.O. Box 4294, Houston, TX 77210-4294	
Well Location	

Unit Letter	I	: 2310	Feet From The	South	Line and	330	Feet From The	East	Line
Section	6	Township	19-S	Range	38-E	NMPM	Lea	County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3631' DF									

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: Casing Integrity Test (Well is SI) <input checked="" type="checkbox"/>

2. 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: 11/24/97

Pressure Reading: 530 psi.

Length of time pressure held: 30 Minutes

Test Witnessed: No

This Approval of Temporary
Concurrent Expires

1-20-03



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

SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 1/13/98
TYPE OR PRINT NAME Mark Stephens (281)
TELEPHONE NO. 552-1158

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

Amended TA status posted to Ongard
1-9-2002 subsequent to chart review.

Amended copies of C-103's distributed
to appropriate sources

- DATE JAN 20 1998