

OIL CONSERVATION DIVISION

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

WELL API NO.	30-025- 07649
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	South Hobbs (GSA) Unit
8. Well No.	8
9. Pool name or Wildcat	Hobbs (GSA)

Submit 3 Copies  
to Appropriate  
District Office

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW	2. Name of Operator Altura Energy LTD
3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294	4. Well Location Unit Letter D : 330 Feet From The North Line and 933 Feet From The West Line Section 6 Township 19-S Range 38-E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3656' RDB	

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"/>	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"/>

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: 11/24/97

Pressure Reading: 540 psi.

Length of time pressure held: 30 minutes

Test Witnessed: No

This Approval of Temporary  
Abandonment 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 1/12/98  
(281)  
TYPE OR PRINT NAME Mark Stephens TELEPHONE NO. 552-1158

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

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

IAN 20 1998