

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO <u>300250765600</u>
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FFF <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No
7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT
8. Well No. <u>70</u>
9. Pool name or Wildcat HOBBS (G/SA)

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 type="checkbox"/>	
2. Name of Operator MUTRA ENERGY LTD	
3. Address of Operator 1017 W STANOLIND RD	
4. Well Location Unit Letter <u>H</u> <u>1650</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>8</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether LDF, RKB, REGR, etc.) <u>3620' KB</u>	

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>E &amp; A STATUS</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 04/02/99

PRESSURE READING 320 PSI

LENGTH OF PRESSURE READING FIELD 30 MIN

TEST WITNESSED NO

Approval of Temporary  
Abandonment Expires: 12/2/2004

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 04/06/99  
TYPE OR PRINT NAME R N GILBERT TELEPHONE NO 505/397-8206

(This space for State Use Only)

APPROVED BY DISPATCH TITLE DISPATCH DATE DEC - 2 1999

JCG

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