Form C-103 Revised 1-1-89

State of New Mexico
Ene Minerals and Natural Resources Departmen

DISTRICT I

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 8824	0	310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503				WELL API NO. 30 - 025 -07672					
						5. Indicate Type of Lease					
					L	FED	STATE	X	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"					' <i>'</i>	7. Lease Name or Unit Agreement Name					
(FORM C-101 FOR SUCH PROPOSALS.) 1. Type of Well:						OUTH HO	BBS UNIT				
Oil Well Gas Well Other INJECTOR											
2. Name of Operator ALTURA ENERGY LTD.						. Well No.	66				
3. Address of Operator						9. Pool name or Wildcat					
1017 W. STANOLIND RD, HOBBS, NM 88240 505/397-8200 4. Well Location						GRAYBURG SAN ANDRES					
	660 Feet From T	ne NORTH	Line and	660	Feet Fre	an Tha	WECT	T:			
Section 10	 		- Line and		•		WEST	Line			
Section 10	Town	ship 19 S (Show whether DF.	. RKB. RT GR	Range	38 E	NMP	M	LE A	A Cou	nty ////////////////////////////////////	
Check Appropriate Box to Indicate Nature of Notice, Report, of NOTICE OF INTENTION TO:							EPORT OF:				
PERFORM REMEDIAL	PLUG AND		DEMENT	AL WORK	ODOLA			a . an			
WORK	ABANDON		REMEDIA	AL WORK			ALTERING	CASIN	iG		
TEMPORARILY ABANDON	CHANGE PLA	ANS	COMMEN	NCE DRILLING	G OPNS.		PLUG & AE	ANDO	ONMEN	т	
PULL OR ALTER CASING CASING TES					EMENT J	ов 🗍					
OTHER:			OTHER:	PRESSURI	E CORR	ECTION F	ROM MIT			X	
12. Describe Proposed or Complet	ed Operations (Clearly sta	e all pertinent detail	ls, and give po	ertinent dates, ii	including	estimated da	te of starting an	у ргоро	osed		
work) SEE RULE 1103. PREVIOUS INJECTION PRESSURE = 850# STATE LIMIT = 826# CURRENT INJECTION PRESSURE = 816#											
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I hereby certify that the information	above is true and complete	e to the best of my k	cnowledge and	d belief.	······································						
SIGNATURE	Caller ton	J	TITLE	COMP. TEC	CH.		DATE	5/19	9/98		
TYPE OR PRINT NAME P. A	. CAPERTON		 .			TELI	EPHONE		397-821	 34	
(This space for State Use)						NO.		_===			
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APPROVED BY		TITLE				r	DATE	1.1	2 € 1	220	