APPROVED BY_

TMTCG

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Submit 3 Copie : to Appropriate District Office	Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATIO		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM		30-025-07673 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE XX FEE 6 State Oil & Gas Lease No.
SUNDRY NOT	CES AND REPORTS ON WEL	18	 !////////////////////////////////////
(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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL	OTHER INJE	ECTION	SOUTH HOBBS GB/SA UNIT
2. Name of Operator ALTURA ENERGY, LTD.			8. Well No. 92
3. Address of Operator P.O. BOX 4294 HOUSTON	, TEXAS 79210-4294		9. Pool name or Wildcat HOBBS GRAYBURG - SAN ANDRES
4. Well Location Unit Letter M: 66	50 Feet From The SOUTH	Line and 660	Feet From The WEST Line
Section 10	Township 19-S Ra	nge 38-E	NMPM LEA NM County
	10. Elevation (Show whether		County
11. Check App	propriate Box to Indicate	Nature of Notice,	Report, or Other Data
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB
THER:		OTHER: TA	[XX
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	ations (Clearly state all pertinent deta	ails, and give pertinent date	es, including estimated date of starting any proposed
12/10/97 PULL 126 JT 12/10/97 RIH W/5-1/2 12/10/97 DISPLACED H	NG UNIT, ND WELL HEAD, IS 2-3/8", TALLY 3811, 2" CIBP & TBG, SET CIBP HOLE W/BRINE, RUN CHART D TBG, NDBOP, NU WELL HQUIPMENT.	SINGLE DOWN PKR @ 4012'. T (500) PSI, 30	•
I hereby certify that the information above is tn		ı	1/6/2003
SIGNATURE Onu	litures m	P&A SUPERVISO	R DATE 12/11/97
TYPE OR PRINT NAME TONY GUTIEF	rrez Ö		TELEPHONE NO. 505-392-6969
(This space for State UAIGINAL SIGNED DISTRICT I	BY CHRIS WILLIAMS SUPERVIS OR		

_____ TITLE _

DATE__

26212829303 THE CO.

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