State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-07673

5. Indicate Type of Lease
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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
SOUTH HOBBS
GRAYBURG / SAN ANDRES

1. Type of Well:
Oil Well [ ] Gas Well [ ] Other INJECTOR

2. Name of Operator
ALTURA ENERGY LTD.

8. Well No. 92

3. Address of Operator
1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200

9. Pool name or Wildcat
HOBBS GB/SA

4. Well Location
Unit Letter M 660 Feet From The SOUTH Line and 660 Feet From The WEST Line

Section 10 Township 19-S Range 38-E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT GR, etc.*)
3599' DF

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[X]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG & ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER	[ ]		

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.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

NOTIFY THE NMOCD BEFORE RIG UP. (393-6161)

RELEASE PER (5.5" GUIB UNI VI) AND LOAD CASING WITH INHIBITED FLUID.
POOH LAYING DOWN TBG AND PKR.
RU SWSCO. RIH WITH GUAGE RING FOR 5.5" CSG, 17#.
RIH W/5.5" CIPB AND SET @3880'. RD SWSCO. TOP PERF @4044
NOTIFY THE NMOCD 24HR BEFORE CSG TEST.
TEST CSG TO 500 PSI FOR 30 MIN AND CHART FOR THE NMOCD.
RDPU. CLEAN LOCATION.

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

SIGNATURE Robert N. Gilbert TITLE LPET SPECIALIST DATE 01-06-99

TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8296

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

J
C