ubmit 3 Copies o Appropriate bistrict Office	State of New Energy, Minerals and Natura		Form C-103 Revised 1-1-89  WELL API NO. 30-025-07690	
DISTRICT I CO. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVAT P.O. Box Santa Fe, New Mexi	2088		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease  STATE FEE X	
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lean	se No.
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESEI (FORM C	ICES AND REPORTS ON VOPOSALS TO DRILL OR TO DEE RVOIR. USE "APPLICATION FOR:-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name  South Hobbs (GSA) Unit		
. Type of Well: OIL GAS WELL X WELL	OTHER			
. Name of Operator	<del></del>		8. Well No.	.08
Altura Energy LTD Address of Operator			9. Pool name or Wildcat	
P.O. Box 4294, Houst	on, Texas 77210-429	94	Hobbs; Gray	burg - San Andres
l. Well Location	O Feet From The Sout		Feet From The	West Line
Section 15	Township 19-S	Range 38-E	NMPM Lea	County
	10. Elevation (Show wh	nether DF, RKB, RT, GR, etc.) 3605 °GL		
Check	Appropriate Box to Indic	ate Nature of Notice, l	Report, or Other Da	ata
NOTICE OF IN			BSEQUENT REF	
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	NG OPNS. 🔲 PLI	UG AND ABANDONMENT
ULL OR ALTER CASING		CASING TEST AND	CEMENT JOB	
OTHER:			emporary Abandon	nment
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent det	ails, and give pertinent dates, inc	cluding estimated date of sta	arting any proposed
1/29/98 - Temporar:	ily abandon well. Se	t 4-1/2" CIBP at	3959'. Pressure	test well for 30
minutes -	- Initial: 540 psi.;	15 Min.: 535 psi	.; 30 Min.: 535	psi. (1/30/98).
Test not	witnessed.			
		Pala Agreena Balakkareng	A Salas napro	-29-2002
I hereby certify that the information above is	true and complete to the best of my knowle	odge and belief.	/	3/25/98
SIGNATURE Mark 54	shens	π.εBusiness A	nalyst (SG)	
TYPEOR PRINT NAME Mark Ste	phens	•	<u> </u>	TELEPHONE NO. 552-11

ICGN

APPROVED BY

TYPE OR PRINT NAME

(This space for State Use)

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY GARY WINK FIELD REP. M

APH US add

DATE -

