state of New Mexico Energy, Minerals and Natural Resources Departme

| DISTRICT I | OH CONGRES | - Total Departme | | | | | | |
|---|---|-----------------------------------|-----------------------------|--|--|--|--|--|
| P.O. Box 1980, Hobbs, NM 88240 | | ATION DIVISION Fe Trail, Room 206 | WELL API NO. | | | | | |
| | Santa Fe, New Mexico 87503 | | 3D -D25-D7690 | | | | | |
| | | | 5. Indicate Type of Lease | | | | | |
| | FED STATE FEE X 6. State Oil & Gas Lease No. | | | | | | | |
| | | | o. State On & Gas Lease No. | | | | | |
| SUNDRY NOT | | | | | | | | |
| (DO NOT USE THIS FORM FOR PRO DIFFERENT RESER | 7. Lease Name or Unit Agreement Name | | | | | | | |
| (FORM | SOUTH HOBBS (G/SA) UNIT | | | | | | | |
| 1. Type of Well: | | | | | | | | |
| Oil Well X | | | | | | | | |
| 2. Name of Operator ALTURA | ENERGY LTD. | | 8. Well No. 108 | | | | | |
| 3. Address of Operator 1017 W S | TANOLIND RD. | | 9. Pool name or Wildcat | | | | | |
| | | | HOBBS (G/SA) | | | | | |
| 4. Well Location | | | | | | | | |
| Unit Letter : 2310 | Feet From The SOUTH | Line and 2310 Fee | t From The WEST Line | | | | | |
| Section 15 | Township 19S | 38E | NMPM LEA County | | | | | |
| 13 | 10. Elevation (Show whether DF, I 3605 KB | | I LEA County | | | | | |
| 11. Check | Appropriate Box to Indicate | Nature of Notice, Report. | or Other Data | | | | | |
| NOTICE OF INTE | | | SEQUENT REPORT OF: | | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING | | | | | |
| TEMPORARILY ABANDON X | CHANGE PLANS | COMMENCE DRILLING OP | NS. PLUG & ABANDONMENT | | | | | |
| PULL OR ALTER CASING | | CASING TEST AND CEMEN | IT 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. | | | | | | | | |
| POH W/PROD EQUIPMENT. | | | | | | | | |
| RIH W/4.5" CSG SCRAPER TO 4100 | • | | | | | | | |
| SET 4.5" CIBP @4030". (TOP PERF | | CD. | | | | | | |
| TEST CSG FOR TO 500# FOR 30 MIN AND CHART FOR THE NMOCD. CIRC CSG WITH INHIBITED FLUID. | | | | | | | | |
| POH WITH TBG. RDPU. | | | | | | | | |
| * NOTIFY THE NMOCD 24HR BEFO | ORE CSG TEST. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | | | | | |
|--|--|-------|-----------------|---------------|--------------|--|--|--|
| SIGNATURE Total M. Fillet | | TITLE | LIFT SPECIALIST | DATE | 01/21/98 | | | |
| TYPE OR PRINT N | T.T. OHDDERT | | | TELEPHONE NO. | 505/397-8206 | | | |
| (This space for State | Use) ORIGINAL SIGNED BY CHRIS WILLIAMS | | | | | | | |
| APPROVED BY | DISTRICT I SUPERVISOR TITLE | | | DATE | | | | |
| _ | • | | | | | | | |