

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
100 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025- 07700
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
South Hobbs (GSA) Unit	
8. Well No.	98
9. Pool name or Wildcat	Hobbs (GSA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3614' DF	

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.)

Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER ☐ WIW

Name of Operator
Altura Energy LTD

Address of Operator
P.O. Box 4294, Houston, TX 77210-4294

Well Location
Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line

Section 16 Township 19-S Range 38-E NMPM Lea County

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

3614' DF

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Casing Integrity Test (Well is SI) <input checked="" type="checkbox"/>

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.

Test Date: 12/8/97

Pressure Reading: 540 psi.

Length of time pressure held: 30 minutes

Test Witnessed: No

This Approval of Temporary
Abandonment Expires 1-26-03

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

SIGNATURE Mark Stephens TITLE Business Analyst (SG) DATE 1/14/98
(281)
TELEPHONE NO. 552-1158

TYPE OR PRINT NAME Mark Stephens

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

Amended TA status posted to Omgard
1-9-2002 subsequent to chart review.

Amended copies of C-103's distributed
to appropriate sources

- DATE _____