Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVATION DIVISION	N.C. Dett. 1-1-07
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St.	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505	30-025-12726  5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE X
		6. State Oil & Gas Lease No.
SUNDRY NOTIC	CES AND REPORTS ON WELLS	
DILLEVENT RESER	POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A VOIR. USE "APPLICATION FOR PERMIT" 101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well:	101) FOR SUCH PROPOSALS.)	SOUTH HOBBS (GB/SA) UNIT
OIL WELL X GAS WELL	OTHER	
2. Name of Operator		8. Well No.
ALTURA ENERGY LTD		95
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 0 : 990	Feet From The SOUTH Line and 2	210
Section 10		Line
	Township 19-S Range 38-E	NMPM LEA NM County
	3590' GL	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
Check App	ropriate Box to Indicate Nature of Notice	, Report, or Other Data
NOTICE OF INT		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON X		L ALTERING CASING
PULL OR ALTER CASING	OOM WELLOW	- TOWN HONORAL
OTHER:	CASING TEST AND C	EMENT JOB
	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)  1) MIRU PULLING UNIT, N/U BOP. 2) POH, L/D PRODUCTION EQUIPMENT. 3) RIH W/4-1/2" CIBP, SET @ 4070', (PERF 4170'-4225') (4-1/2" LINER 3605'-4254') 4) TEST CSG TO 500# PSI, 30 MIN. 5) CIRC HOLE W/PAKER FLUID. 6) POH, L/D TBG, RDMO.  **NOTIFY NM OCD 24 HOURS PRIOR TO RIGGING UP**  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE LOWER P&A SUPERVISOR DATE 11/25/97		
TYPE OR PRINT NAME ROGER MASSEY		
(This space for State Use) ORIGINAL SHOULD B DISTRICT IS	Y CHRIS WILLIAMŞ UPERVISOR	TELEPHONE NO. 915-530-0907
APPROVED BY  CONDITIONS OF APPROVAL, IP ANY:	TITLE	DATE