

FW 92486501

OIL CONSERVATION DIVISION

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

WELL API NO.

30-025-20028

5. Indicate Type of Lease

FED ☐ STATE ☐ 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.)

Type of Well:

Oil Well ☐ Gas Well ☐ Other ☒ WIW

Name of Operator ALTURA ENERGY LTD.

8. Well No. 105

Address of Operator 1017 W STANOLIND RD.

9. Pool name or Wildcat
HOBBS (G/SA)

Well Location

Unit Letter E : 1800 Feet From The NORTH Line and 990 Feet From The WEST Line

Section 15 Township 19-S Range 38-E NMPM LEA County

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

3598' GL

1. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
WELL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>TEMPORARY ABANDONMENT</u> <input type="checkbox"/>	

2. 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: 03/18/99

PRESSURE READING: INITIAL 500 PSI; 15 MIN - 495 PSI; 30 MIN - 480 PSI

LENGTH OF PRESSURE READING HELD: 30 MIN.

1.5" CIBP SET @3925'. CSG CIRCULATED WITH INHIBITED FLUID.

WELL IS TEMPORARILY ABANDONED.

RIG UP DATE = 3/17/99
RIG DOWN DATE = 3/18/99

This Approval of Temporary
Abandonment Expires 3-18-04 *CEL*

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

SIGNATURE Robert N. Gilbert TITLE LIFT SPECIALIST DATE 03/29/99
TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use)

APPROVED BY Chris Williams DATE _____
Amended TA status posted to Ongard
1-9-2002 subsequent to chart review.
Amended copies of C-103's distributed
to appropriate sources