MY 1 £ 1999

____ DATE

State of New Mexico Energy, M als and Natural Resources Department

ORIGINAL SIGNED BY GARY WINK FIELD REP. II

TITLE

DISTRICT I	OH CONCERN	TION DIVICE			
P.O. Box 1980, Hobbs, NM 88240	310 Old Santa F	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		WELL API NO.	
	Sana i e, i e	V WICKIEG 87303	5. Indicate Typ	e of Lease	
			FED	STATE X FEE	
			6. State Oil & O	Gas Lease No.	
SUNDRY NO	OTICES AND REPORTS ON WI	ELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			l l	7. Lease Name or Unit Agreement Name SOUTH HOBBS	
	M C-101 FOR SUCH PROPOSALS.)		GRAYBURG	/ SAN ANDRES	
1. Type of Well: Oil Well	Gas Well Other IN	NJECTOR			
2. Name of Operator			8. Well No.	105	
ALTURA ENERGY LTD. 3. Address of Operator			9. Pool name o	- Wildoot	
1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200				HOBBS GB/SA	
4. 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 NMP	M LEA County	
	10. Elevation (Show whether DF, 1 3609' RDB	RKB, RT GR, etc.)			
11. Cho NOTICE OF IN	eck Appropriate Box to Indicate NITENTION TO		oort, or Other Data SUBSEQUENT RE	EPORT OF	
PERFORM REMEDIAL. WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON X	CHANGE PLANS	COMMENCE DRILLI	NG OPNS.	PLUG & ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C			
OTHER:		OTHER:			
12. Describe Proposed or Completed Opework) SEE RULE 1103.	erations (Clearly state all pertinent details	I s, and give pertinent dates	. including estimated da	te of starting any proposed	
NOTIFY THE NMOCD BEFORE F	RIG UP. (393-6161)				
	LOKSET) AND LOAD CASING W	ITH INHIBITED FLU	ID.		
POOH LAYING DOWN TBG AND PKR. RU SWSCO. RIH WITH GUAGE RING FOR 4.5" CSG.(11.6 LB). * OPEN HOLE: 4142° TO 4242°.					
RIH W/7" CIPB AND SET @3930". RD SWSCO. TOP PERF @4081					
NOTIFY THE NMOCD 24HR BEF TEST CSG TO 500 PSL FOR 30 M	'ORE CSG TEST. IN AND CHART FOR THE NMOC	'D.			
RDPU. CLEAN LOCATION.					
Thereby certify that the information above	ve is true and complete to the best of my k	nowledge and belief.			
V + N	I Must	TITLE LIFT SPE	CIALIST	DATE 01 06 99	
TYPE OR PRINT NAME R N GH	BERT	111111 1111 1111		EPHONE 505/397-8206	

(This space for State Use)

APPROVED BY