State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

FILE IN TRIPLICATE	OIL C	CONSERVA	TION D	IVISION				
DISTRICT I P.O. Box 1980, Hobbs, NM 882		2040 Pacheco St. Santa Fe, NM 87505			WELL API NO.	WELL API NO. 30-025-20933		
DISTRICT II		Courted to Control of the Control of				5. Indicate Type of Lease		
811 S. 1st Street, Artesia, NM 8	8210				FED	STAIE [FEE	
DISTRICT III					6. State Oil & G	as Lease No.		
1000 Rio Brazos Rd, Aztec, NM 87410								
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"						7. Lease Name or Unit Agreement Name		
(FORM C-101 FOR SUCH PROPOSALS.)						BBS (G/SA) U	NIT	
1. Type of Well: Oil Well Gas Well Other Wtr Injector								
2. Name of Operator						41200-		
ALTURA ENERGY	LTD.				9 Pool name or	Wildia	HODBE (C(CA)	
3 Address of Operator		E0E/30	7 0700		9 Pool name or	Wildcat	HOBBS (G/SA)	
1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200								
4 Well Location Unit Letter	2310 Feet From The	SOUTH 1	ine and	4601	Feet From The	EAST	Line	
Section 5	Township	19S	1	Range 38	8E NMP	M	LEA County	
		w whether DF, RKB	, RT GR, etc.)				
3602 GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data								
NOTICE OF INTENTION TO: Check Appropriate Box to Indicate Nature of Notice, Report, of Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:								
PERFORM REMEDIAL WO		DON []	REMEDIAL	. WORK		ALTERING C	ASING	
TEMPORARILY ABANDON . CHANGE PLANS . COMMENCE DRILLING OPN						PLUG & AB	ANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMEN								
OTHER: OTHER					<u> </u>			
	No. 10 No	timent details and	ove pertinen	dates including	v estimated date of st	arting any propos	ed work)	
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.								
1. RUN PACKER AND PLUG TO LOCATE POSSIBLE CASING LEAK. 2. ISOLATE LEAK AND SQUEEZE CEMENT 3. RUN INJECTION EQUIPMENT 4. TEST PACKER AND RETURN TO INJECTION.								
		- b - t - f mu l mourles	las and belief					
Thereby certify that the inform	nation above is true and complete to the	e best of my knowice	ige and trene.				0/10/0-	
SIGNATURE A	JIXJUL		TTTLE	PROD ENG	R	DATE	7/64/97	
TYPE OR PRINT NAME	D. NELSON				T	ELEPHONE NO.	505 397-8200	
(This space for State Use)	ORIGINAL SIGNED	BY						
(This space for state Cae)	GARY WINK					DATE	- U , (85%	
APPROVED BY	FIELD REP		_ TITLE			DATE		
CONDITIONS OF APPROV	AT TE ANY:							