

DISTRICT I

1625 N. French Drive, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-26115	
5. Indicate Type of Lease FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name SOUTH HOBBS (G/SA) UNIT	
8. Well No.	120
9. Pool name or Wildcat HOBBS (G/SA)	
10. Elevation (Show whether DF, RKB, RT GR, etc.) 3620' GL.	

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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTION	
2. Name of Operator ALTURA ENERGY LTD.	
3. Address of Operator 1017 W STANOLIND RD.	

4. Well Location Unit Letter C : 1272 Feet From The NORTH Line and 1420 Feet From The WEST Line Section 5 Township 19-S Range 38-E NMPM 1EA County	
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11. 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 checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	PLUG & ABANDONMENT <input type="checkbox"/>
	OTHER: <input 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: 09/10/99

PRESSURE READING: INITIAL 520 PSI; 15 MIN - 520 PSI; 30 MIN - 520 PSI.

LENGTH OF PRESSURE READING HELD: 30 MIN.

5.5" PKR, GUIBERSON UNI VI SET @3891. CIRC CSG WITH INHIBITED FLUID.

WELL IS BACK ON INJECTION.

RIG UP DATE: = 09/09/99

RIG DOWN DATE: = 09/10/99

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 10/01/99
 TYPE OR PRINT NAME R.N. GILBERT TELEPHONE NO. 505/397-8206

(This space for State Use) ORIGINAL SIGNED BY

APPROVED BY GARY WINN FIELD REPRESENTATIVE II DATE OCT 29 1999

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