State of New Mexico J. Minerals and Natural Resources Departme

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DISTRICT I		OIL CO	NSERVA	TION !	DIVISI						
P.O. Box 1980, Hobbs, NM 88240		310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503					WELL AP		_ 25	U 7	
							5 Indicate	0 25 Type of Lea	- <u> </u>	160	
			FED					_	X FEE		
						F		l & Gas Lea			
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.)							SOUTH HOBBS UNIT				
1. Type of Well:											
Oil Well Gas Well Other INJECTOR							8. Well No	o. 121			
2. Name of Operator ALTURA ENERGY LTD.											
3. Address of Operator	05/207 93	<u> </u>			me or Wilde		· ·				
1710 WEST STANOLIND RD, HOBBS, NM 88240 505/397-8200 4. Well Location							GRAYBURG SAN ANDRES				
			JODTH 1	r:	150	Evu	From The	WES.	т і	Line	
Unit Letter E	Fe	et From The]	NORTH	Line and		reei	rtom rne	WES	<u> </u>	JIIIC	
Section 4		Township	19-S		Range	38-E		NMPM		LEA Cou	inty
10. Elevation (Show whether DF, RKB, RT GR, etc.)											
11.	Check Apr	propriate Box t	o Indicate N	ature of l	Notice, Re	eport, or	r Other D	ata			
	E OF INTENTI					SUBS	EQUEN	Γ REPOR	T OF:		
PERFORM REMEDIAL WORK	1 1	'G AND ANDON		REMEDIA	M. WORK			ALT	ERING C.	ASING	
TEMPORARILY ABANDO		ANGE PLANS	一一	COMMEN	CE DRILI	ANG OPS	ss.	 PLU	G & ABA	ANDONMEN	т 🗔
PULL OR ALTER CASING			L	CASING '	TEST AND	CEMEN	тлов 🗀				
OTHER:				OTHER:	МГГ		_	<u> </u>			X
12. Describe Proposed or Cor	and at ad Operations (Claarly state all n	ertinent details			es includ	ma estimata	ed date of sta	irting any	proposed	
work) SEE RULE 1103.	npieted Operations (c tearty state an po	erunem aenuns.	um give p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(3, 1/10//1111				<i>p p</i>	
PRESSURE TEST CSG	FO 320# FOR 30 !	MIN CHART	WITNESSE	D RY THI	ENMOCT).					
PRESSURE TEST COO	IO 320# FOR 30 I	VIIIV. CITARCI	WIIIWA	D							
I hereby certify that the infor	mation above is true	and complete to th	e best of my kr	iowledge ar	id belief.						
SIGNATURE	D Y.M. t			TITLE	LIFT SI	PECIALI	IST		DATE	5-7-2	98
TYPE OR PRINT NAME	R.N. GILBERT			-				TELEPHO		505/397-8.	
THE OWNER WASIE	KAN GILDERT							NO.			
(This space for State Use)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	SMED BY									
APPROVED BY	ę.	wK	TITLE					DATE		<u> </u>	394
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