

DISTRICT 1

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.	30-025-28304
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 <i>COOP</i>
8. Well No.	<i>COOP 1</i>
9. Pool name or Wildcat	HOBBS (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input checked="" type="checkbox"/> INJECTOR
2. Name of Operator	ALTURA ENERGY LTD
3. Address of Operator	1017 W STANOLIND RD.
4. Well Location	Unit Letter <u>B</u> <u>200</u> Feet From The <u>NORTH</u> Line and <u>1380</u> Feet From The <u>EAST</u> Line Section <u>6</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County
10. Elevation (Show whether D/E, RKB, RTGR, etc.)	3627' GL.

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
	MIT <input checked="" 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 04/19/2000

PRESSURE READING INITIAL 360 PSI, 15 MIN - 360 PSI, 30 MIN - 360 PSI

LENGTH OF PRESSURE READING HELD 30 MIN

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

SIGNATURE *R N Gilbert* TITLE LIFT SPECIALIST DATE 04 24 2000  
TYPE OR PRINT NAME R N GILBERT TELEPHONE NO. 505/397-8206  
(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 26 2000